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## ORIGINAL ARTICLES

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### OBSESSIVE SYMPTOMS AND THEIR TREATMENT \*

BY POUL BJERRE

VÖRSTAIR, TUMBA, SWEDEN

If any one among a number of people happens to mention the subject of obsessions it will soon be found that practically every one present has had some personal experience of this kind. One, *e.g.*, has had a tendency to count window-panes, another has caught himself trying to avoid each crack in the pavement, a third has found it difficult to walk down a certain street or to frequent a certain restaurant, a fourth has at times been haunted by a word or a melody, a fifth, while standing on a balcony, has been obsessed by an irresistible desire to hurl himself to the ground, a sixth has found it impossible to live on an island for fear of snakes, a seventh can not shake hands with some people, and so forth. This means that the relative freedom of which we are conscious in general has been restricted at one point or another; and that we have become subject to a special *compulsion*. Only in a few instances does it occur to those affected in this manner to consult a physician; and usually not until they have felt the symptom to be a barrier to the free exercise of their powers. Yet physicians constantly meet with obsessive symptoms in their practice; such phenomena are common, even in their most serious forms.

I want to use the indefinite term obsessive symptoms rather than the more common term obsessive ideas, since the obsession is not necessarily limited to a definite fixed idea; on the contrary, it may

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\* A paper read before The Swedish Medical Association, Sept. 12, 1922.

stick to and influence any manifestation of our conscious life. There is no line of demarcation between obsessive ideas, obsessive feelings, or obsessive compulsions, etc. *E.g.*, a person is walking down a street leading to a square. Suddenly he *thinks* he will be unable to cross the square. He makes an effort to dismiss this thought. But on reaching a certain spot, he *feels* an insurmountable resistance. His will is paralyzed by this resistance; some *impulse* drives him back and urges him to try and reach his destination by another way. Here we can only talk of a general disposition to be obsessed, a disposition which according to circumstances produces different mental symptoms.

A few decades ago these phenomena were not understood. One could describe, but not interpret them. A survey of modern literature shows that there is no harder nut to be cracked than this one. However, a general view has been arrived at which might be formulated thus: *An obsessive symptom is produced wherever a natural compulsion is being torn from its original connections and shifted on to something else to which it does not stand in any genetical or logical relation.* I believe that all investigators nowadays deal with obsessive symptoms on this basis, no matter to what extent their views may differ in other respects.

On several previous occasions I have cited instances illustrating this process of "shifting"<sup>1</sup> and I do not now propose to discuss it in its more elementary forms. I shall tackle instead some of the more intricate questions involved. If it be true that obsessions arise in those fields of human life that in the natural order of things are *subject to compulsion*, it follows that we must consider *instinct* in the first place. We divide instinct as a rule into three spheres, viz., the sexual, the nutritive and the active instinct, each corresponding to the organic system which connects man with the outer world. It should be emphasized, however, that this specification has little practical value. Every attempt to delimit these spheres scientifically has failed so far, and will probably fail always.

As regards the sexual instinct in the first place, even a superficial investigation shows in most cases that there exists a connection between instinct and the development of an obsession. The obsession of washing oneself all day long, to refer to one of the more common

<sup>1</sup> In "History and Practice of Psychoanalysis," "Anxiety and Its Treatment," "On the Interpretation of Dreams," "Reflections on Psychotherapeutics," and "From Psychoanalysis to Psychosynthesis."



forms, has as a rule something to do with self-pollution. It is the physical and moral "defilement" which causes the urge to "cleanse oneself" as a reaction. This act has gradually come to absorb into itself the sexual impulse. Instead of seeking release through onanistic movements, the impulse releases itself through washing. This procedure becomes mechanical to the extent that each sensation from the sexual organs is switched on to the new track before it reaches consciousness. The patient has *freed himself* of sexuality and all its impulses are transferred into acts of washing. It is clear, however, that the way from the original urge to the goal represented by the symptom is usually neither as short nor as simple as this one. The compulsion to wash oneself may be simultaneously derived from other factors related to impurity, *e.g.*, from the anal sphere or thoughts of death.

That which most frequently complicates the formation of sexual obsessions is the fact that we must needs take infantile sexuality into account. I might as well give an example of this at once. A Finlander, some thirty years old, the owner of an estate, told me the following story: He had grown up under favorable conditions. His parents lived on an estate adjacent to his own. The relations between the two families were of the best. A few years ago he had fallen in love with and married a German woman with whom he had two children. They had been happy until the present conflict arose. It was then he adopted a different view of his marriage, had found many objectionable traits in his wife and realized that after all he had never loved her. The cause of this was his falling a victim to a passionate love for another woman. It was impossible for him to shake her off. For his wife's, his children's, and his parents' sake he had done his best to overcome his passion. But he could no longer endure this state of things and had decided to seek a divorce even at the risk of a break with those nearest to him. However, since his resolution had exasperated them he had yielded to their entreaties to go to Sweden and lay the matter before me so as to get the opinion of an outsider. He himself considered this procedure meaningless since arguing was useless in the case of such an overpowering passion. One had to yield to it.

The woman with whom he had fallen in love was the daughter of the washerwoman on the estate and had grown up in a low class environment. She was of Finnish race, of coarse build, homely, and uneducated, devoid of any qualities that might attract the patient.

Yet he was possessed by an insuperable desire to own this woman, and unable even to think of a future in which he could not be with her every single day of his life.

Already at the first glance there seems to be something of a compulsion in this infatuation. In the course of my investigation of the patient's sexual life it gradually became evident that he was a fetichist. He was sexually hypersensitive to hands. In the presence of a woman his attention was automatically drawn to her hands and the mere sight of certain hands would put him into a state of sexual excitement. One might have expected that this man of the world, who had spent a considerable part of his youth in the large cities of the continent and who, moreover, had a marked sense of beauty, would have been subtly sensitive just on this point. But such was not at all the case. He wanted hands to be coarse, strong and red, while the frail hands of a Parisian woman would leave him cold. The woman who had aroused his passion possessed exactly the kind of hands he desired.

In my efforts to find out when and under what conditions this passion had flared up I soon found that he could associate it with a definite incident. The washerwoman's daughter had been employed at his home as a nurse; and one evening he watched her undressing his little boy. His passion was kindled when he saw her coarse red hands clutch the tiny body.

This explained everything. The patient himself had had a Finnish nurse during his infancy and it was the memory of the lustful sensations he had experienced as she handled his naked body which now had emerged and mastered him. To understand this one must be familiar with the peculiar sensations of lust at the earliest stages of life and with the peculiar receptivity of the conscious at that period. No experiences of our later life are apt to penetrate us as thoroughly as those which control us in the cradle. There was now taking place in the patient a regression from the emotional sphere in which he *was living* to that in which he once *had lived*. His child's nurse had taken the place once held by his own nurse; and a struggle had arisen between the object for the child's emotion and that of the adult man. Of course, I put my influence in the scale in behalf of the latter—I explained to the patient how he had come to hunt for an illusion and how he would infallibly destroy his own happiness and that of his family unless he gave up this hunting. The disclosure

was more than his passion could bear. It cooled considerably and the patient returned to his wife.

The formation of the obsession was comparatively simple in this case since the original strongly obsessive lust-complex of infancy was revived after thirty years without having undergone any further changes; and was projected on to a definite woman. This woman replaced the original woman directly and began to dominate his consciousness in the same manner; thus pushing aside all that interfered with this expansion of power; regard for wife and children, all reasonable points of view, etc.

When the development of the obsession is determined by infantile sensations of lust in this way, conditions are far more complicated as a rule. During the long period which elapses between the beginning and the ultimate effects of the obsession there usually occur transferences and symbolizations which put the analyst's capacity for unraveling and interpreting to a hard test. I shall discuss a case of this more complicated kind later on. For the sake of coherence I shall now continue with the discussion of obsessive symptoms based on another than the sexual instinct.

We see that obsessions often develop from the nutritive instinct. I have in mind, *e.g.*, the obsessive cravings of pregnant women for unsuitable food. On the other hand, we sometimes find in people an extreme dislike of certain kinds of particularly suitable foodstuffs, like eggs, butter, fish, etc. We might even consider in this connection various cases of alcoholism where both the taste for liquor and the longing for intoxication as such have ceased and only the alcoholic compulsion remains. It should be pointed out, however, that such cases seldom are "pure." On account of the inseparable connection between the sexual instinct and the nutritive instinct at the earliest stages of life a close analysis reveals as a rule the presence of sexual elements even where the obsession seems to be only concerned with questions of nutrition. On the other hand, we find obsessive symptoms that are solely derived from the active instinct. In dealing with psychotherapeutic questions on previous occasions I have often pointed out that—while fully appreciating the importance of the sexual element—I have not permitted myself to become a monomaniac in this respect. I have occasion here to emphasize this fact. If it is common that neuroses have a sexual origin, this is simply a result of the fact that individuals in whom sexuality is the funda-

mental fact of life are more numerous than those for whom activity is the dominating factor. If we meet with a compulsion neurosis in one of these stern, rigorous, hardworking individuals who do not spare any effort in their desire to succeed in life and subdue everything, even the craving of sexuality, to this sole end, we invariably find that it is the active instinct which is the starting point for the development of the obsession. The following instance may serve for an example:

A man about thirty years of age came to see me because he could not frequent restaurants, theaters and other public places. This was very much of a handicap for him, for two reasons. He was a bachelor and therefore obliged to take his meals out. Besides this his occupation was of a nature which made it desirable that he should associate with his colleagues and superiors. It had often happened that he had been invited by the latter to dine at a restaurant but had been compelled to decline the invitation. On such occasions he had been unable to give a reason and this had been considered uncivil. Of course, he did not dare to reveal his trouble to anybody for fear of being discharged. The difficulty was at first limited to restaurants, but had gradually become extended; he had been obliged to withdraw from social life and had become isolated in ever-increasing shyness. This tormented him, since he had a strong desire to get on socially and was qualified to succeed in this respect.

A number of height dreams soon made it evident that the patient was possessed by an unusually strong desire "to rise" in life. He came from a poor home with a large number of children. From the very outset there was in his blood not only fear of want but also fear of married life. His most outstanding characteristics were persevering industry, capacity for cold and clear calculation, and lack of sentimental considerations. The sexual question did not cause him any trouble. He had made provision for that part of his life by establishing relations with two women at a time, each of whom believed that she had him alone. This duplicity did not trouble him. It was practical and all right. If by any chance he should lose one of them the other would remain and he would not have to look around for a new mistress. There was, therefore, no reason to seek the development of his compulsion in some sexual conflict; one might almost say that his nature made him proof against trouble in this part of life.

Soon there appeared several details indicating that one had to

turn in another direction. I inquired on which occasion and under which conditions he had first experienced the inconvenience and found that it had been connected from the first with a definite situation: he was unable to visit a first-class restaurant with many people when accompanied by ladies. The reason for this was not clear to him but lay in that sphere of semi-lucidity which lies between the conscious and the unconscious. And it was not difficult to make this point fully clear. If he showed himself in public with a lady people might begin to talk about it. The woman in question might take advantage of this to insist on a legalization of their relations so as to protect her good name. He would thus be exposed to the danger of getting tied fast and that would hinder his career and be a shackle on his foot.

The clearing up of these matters had a good effect. After I had given the patient certain general views on life, activity, and the right way of realizing one's purposes, he discontinued the treatment. I shall return to its final result in another connection.

Religious ideas, as is commonly known, play an important rôle in the mental life of the insane and we often come across these ideas in dealing with obsessive symptoms. It is important to know whether they should be considered as autochthonous or as derived from the spheres of instinct mentioned above. Formerly psychoanalysts sought the origin of religion entirely in the erotic impulse and it follows that as a matter of course they regarded all obsessive ideas of a religious character as disguised eroticism and nothing else. This, however, seems to me exceedingly shortsighted. The instinct life as a whole aims at the establishing of harmonious relations between ourselves and the world surrounding us: in its nutritive form it forces us to maintain our physical existence which is the ultimate condition for the realization of this aim; in its sexual form it forces us to associate with others in order to overcome our loneliness and for the sake of propagating the species, and in its active form it forces us to do our share in the struggle of all for improved conditions of life. There is one fact, however, which compels man to try and reach some orientation and adjustment beyond this limit. This fact is death. The endeavor to reconcile himself with death has in all times driven man to thoughts and actions which reach beyond the limits of physical existence and has thus led to the formation of religion. The word religion itself implies an effort towards unification; not with our fellow-creatures or with society only, but with



life as a whole. It is a well-known fact that this craving has been so strong in some people that the ordinary manifestations of instinct have had to give way for it. We might therefore really speak of an impulse towards adaptation in a sense analogous with that of the other instincts. Since these religious individuals are very few in number we might consider them practically negligible. But if we ignore the power which the religious forces actually have, independent of the erotic as well as the active instinct, we shall not get that complete survey of a number of obsessive conditions which corresponds to the real state of affairs. I shall return to this matter in connection with the more complicated case with which I intend to close my exposition.

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Thus far the thing is rather simple. There exist within us spheres of forces which we call impulses. There sticks something of a compulsive nature to all that springs from these spheres. This compulsion goes astray and invades the conscious life in meaningless, usually absurd combinations; and thus the compulsive symptom arises. Arrived at this point, however, we have only arrived at the problem itself and no further. Far from having obtained a solution, we find ourselves face to face with theoretical difficulties which hitherto have proved unconquerable and these theoretical difficulties have paralyzed the attempt to solve individual cases in practice.

Here we must ask: whence originates this compelling factor, this compulsion in all things that have to do with instinct life? This is the central point of the problem of obsessive symptoms.

Up to the present this question has been answered in two ways. First: "Compulsions originate in the unconscious." Second: "Compulsions are determined physiologically." I consider both replies erroneous.

As regards the first reply it is unquestionable that the process of transferring a thought or a sentiment to the unconscious involves a diminution, eventually an abolition of the comparative control we had over this thought or this sentiment as long as it was conscious. One can reason with everything that lies within reach of the conscious. If an intruder disturbs our peace of mind we may argue with him and so prevail upon him. Or else we can arrange matters in a way to neutralize his influence by means of other influences to which we expose ourselves intentionally. After the transfer of the intruding thought or feeling to the unconscious these opportunities are lost.



When the obsessive symptom suddenly emerges from the unconscious and with overwhelming power attacks the sufferer, one might believe that the secret of this power simply lies in the helplessness of the individual. Even after the obsessive elements have invaded consciousness he remains equally helpless. He does not know himself whence the thoughts and images arrive. He is unable to comprehend the process of symbolization and to find its origin. He lives in a state comparable to that of the Londoners when, during autumn nights, bombs were being dropped from dirigibles and began to explode here and there in the city without any one being able to detect whence they came.

But if we go further into this matter we find that beyond the unconscious there lies the conscious experience. This is clearly illustrated in the case of the Finnish landowner. The fetichist obsessive passion which forced itself upon him irresistibly seemed to emanate from the most impenetrable darkness. Neither he himself, nor any one else could understand whence the absurd infatuation arose. It proved to be emerging to consciousness of a complex of lustful sensations which he had once absorbed, once made a part of his life, to the extent of consciousness which he possessed at the time. The compulsion, therefore, did not originate in the unconscious, but in the *intensity* with which he had once experienced those sensations. It was a question of an uncommonly strong experience which had lain buried under subsequent experiences for thirty years, and which now, as a result of vivid associations and a number of favorable circumstances, suddenly broke through this accumulation of later experiences and again was filling up his consciousness. To put the thing as plainly as possible: The entire formation of the obsessive thought was but a peculiar, morbidly enhanced manifestation of the common fact that things which have made a strong impression upon us are afterwards associated as memories and force themselves upon us without our devoting any attention to them or seeking to produce them. In exploring the process of the formation of obsessive symptoms we always gradually find a conscious experience lying beyond its latent period in the unconscious.

As to the second reply regarding the question of the origin of the compulsion I must again refer to a matter I have discussed on another occasion.<sup>2</sup> When we say that compulsions formed in the

<sup>2</sup> In my paper 'From Psychoanalysis to Psychosynthesis,' THE PSYCHOANALYTIC REVIEW, Vol. X, No. 4, October, 1923.

instinct life are physiologically conditioned we commit the same error as when we say that emotions are conditioned by vasomotor processes or that will is conditioned by tensions of the muscular system. Although we can show a connection between psychical and physiological processes, we must not try to derive the latter from the former or *vice versa*. This only leads to confusion and to a futile formulation of the problem. We must maintain the independence of both fields of research. In other words, we must insist that it is necessary to derive from psychological conditions that which can be observed psychologically, as we derive from physiological conditions that which can be observed physiologically. If we continue our investigation in both fields as far as possible their mutual interdependence will become clear. But in mixing up different branches of science we only obscure this connection.

If we wish to solve the problem of compulsion we must therefore try to derive it from some psychologically fundamental fact. But in doing so we are sure to make a mistake in our calculations. For, as is well known, we reckon with three fundamental qualities of the conscious: feeling, will, and reason. But, no matter to which of these we turn, we arrive at the same negative result.

At this point I got stuck ten years ago. The impossibility to proceed reacted on my work and prevented a firm hold on the treatment of obsessive symptoms. Then there occurred to me something so simple that it is hard to take it seriously. I thought: *If we are unable to derive compulsions from something else we must consider them a fundamental quality of the psychic life.*

The only motive we have for talking of feeling, will, and reason, lies in the fact that feeling is not to be derived from will, nor will from reason, or *vice versa*. I therefore undertook to investigate what the psychology of the conscious would look like if based on the four fundamental qualities of *feeling, will, reason, and compulsion*, instead of the three to which it has so far been confined. I then wanted to see if under those conditions one could put the psychology of the unconscious in better order. Once started along this line of thought I had to continue. All sciences that have man for their object and are therefore, in a way, a development of psychology along different lines, have thus far worked with three fundamental qualities only. I had to investigate how the basic problems of philosophy, sociology, and religion would present themselves in the light

of this revision of psychology. With these comprehensive problems I was mainly occupied during the years I suspended my practice. I mention this in passing lest the idea of mine be taken for guess work. I must also point out that this revision of psychology has resulted for me in a radical liberation from a number of old problems; of what consequence it will be to others I must leave to the future to decide. Here I must confine myself to asking in what light the formation and treatment of obsessive symptoms appears under these conditions.

The simpler and more self-evident a thing is, the more difficult is it for us to make it a subject of observation and reflection. Just because the compulsive element follows us every moment of our life and is, one might say, one with it, we have so far been unable to objectify it and to submit it to scientific investigation. If the memories of our experiences did not *force themselves* upon us spontaneously in the form of associations there would be no life of the soul; the constructive element of this life would disappear and everything we experienced would come to an end; we could neither acquire consciousness of self nor a conception of the world. This compelling element, this compulsion, is such a necessary condition for our existence that we are tempted to think that it needs no interpretation; but in this we are guilty of the same mistake people were guilty of formerly when they considered the falling of a stone to the ground such a natural phenomenon that it required no further explanation.

An experience becomes compulsive, becomes inseparable from ourselves, forces itself upon us not only as a memory, but as something that drives us to subject our life to its claim, in proportion to the strength with which it affects our life, is charged with emotion, stirs reflection and causes our will to reach out for aims that stand in some relation to it. This holds good universally. But on examining people from this point of view we find important differences in quantity. Just as there are persons of a type that realize life chiefly through moods and emotions, so there are others that realize it chiefly through compulsion. Everything they encounter becomes stamped with it more or less. I refer to those for whom everything done or omitted has a tendency and becomes a compulsive habit which they can evade only with great difficulty; and for whom every act becomes a compelling duty. They place matrimony and the erotic life itself under the categoric imperative of duty. In this connection

I must call attention to a fact which, no doubt, seems an oddity, but which ought not to be utterly ignored as a support for this viewpoint, viz., the fact that popular consciousness, since earliest times, has admitted four fundamental qualities, whereas scientific psychology admitted only three. The popular habit of dividing men according to four temperaments is only an attempt to classify them on the basis of four fundamental qualities. The sanguineous is the grotesque caricature of the man in whom emotion has taken the upper hand at the expense of other faculties; the melancholic, brooding person stands for the ever-pondering man of reason; the choleric in his explosive state of tension is the man of will; and the phlegmatic is the man of compulsion. When the compulsive element is overdeveloped from the start at the expense of other mental qualities and has had a chance to further develop freely in life there results exactly this type of man which seems to live under a law of stronger bondage and inertia than others. It must be pointed out, however, that a normal quantity of the compulsive is very important as one of the elements composing the normal individual. The formation of character and practically everything that tends to foster inner stability, consistency, coherence, and sense of duty, etc., depends on positive conditions of this nature.

The more a part of the psychic life is developed, the more sensitive it becomes and the more easily does the individual in question fall a victim to disorders in this region. It is not the intellectually inferior that end in pondering and in a criticism which is a negation of life, but the intellectually superior. Similarly, it is those who from the beginning are exceptionally gifted along compulsive lines that become victims to compulsion neuroses. This tallies with everyday experiences. Just as hysteria is the neurosis of the frivolous and irresponsible individuals, compulsion is that of the strong and reliable. In conformity with this fact we find that obsessions are more common in men than in women and we meet them as a rule in the more interesting types of the masculine species, in men valuable from a social as well as ethical point of view. We also find obsessive thoughts with great frequency in men of unusual gifts. The inspiration that comes over them with compelling power is often combined with the most absurd obsessive symptoms. Schiller, *e.g.*, could not write lyrics unless there were rotten apples in his desk drawer; and Wagner was unable to compose unless dressed in breeches and black silk stockings.

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We must now consider the treatment of obsessive symptoms against the background of this theory. In this connection I must refer to the general principles of psychic treatment outlined in my paper, "From psychoanalysis to psychosynthesis," which was printed in the "Archives for Psychology and Pedagogy."

All psychic treatment is ultimately based on a spontaneous psychosynthetic tendency within ourselves. In the waking state this tendency avails itself of the different fundamental qualities of consciousness, and during sleep it works through symbols. For reasons stated in the above-mentioned paper I am transferring the center of gravity in this tendency *not* to the conscious life of the mind when awake, *but* to the unconscious during asleep. This standpoint has been attacked from philosophical quarters, but the reasons for sticking to this view seem to me so important that I have no thought of relinquishing it. Be this as it may, the physician's treatment aims at all events at removing the obstacles to the free operation of the psychosynthetic tendency and promoting its activity, both conscious and unconscious.

Let me return to the case of the Finnish landowner. I chose this because it is at once schematically simple and typical. It is a well-known fact that the formation of the obsession often begins with childhood experiences connected with the infant's sexuality, frequently of an incestuous nature. The experiences are buried under a multitude of new experiences. Then there comes a moment when the original experience intrudes upon the consciousness, splits it and threatens to decompose the form which life acquired in the meantime. It is the physician's first task analytically to explain that which has actually taken place in the patient and which is understood neither by himself nor by those surrounding him. Since the original experience as a rule does not reappear in the conscious as unchanged as it was in this case, but undergoes symbolic transformations during its long period of latency, this explanation cannot be achieved without a thorough knowledge of the process by which the symbols are formed. As always we have to go back to the interpretation of symbols as an indispensable part of psychotherapeutics. *E.g.*, if a patient has a panicky fear of geese we make no headway until we have explained the symbolical significance these objects have acquired for him. In talking of an ugly fish or when we say "she is a veritable goose," we are making use of such symbolism. When the structure of the obsession has been torn down through the physician's effort, this is



frequently *all that is required*. The psychosynthetic tendency has become freed from that which thwarted its operation and starts again in the right direction. After I had explained to the Finlander the illusory nature of the infatuation which possessed him he understood that there was nothing else to do but to overcome it. He could not wrench back his life to the state of the cradle and again experience in reality the sensations of lust which filled him in the hands of his nurse. If he married the peasant girl he would soon wake up from his intoxication and feel disillusioned as never before. If, on the other hand, he dismissed the illusion he would be freed of the dissociation and all danger in regard to himself and the breaking up of the family life would be removed.

I chose the second case, that of the man who was unable to visit restaurants, because it served to illustrate a few important aspects of the matter.

It has often been pointed out that the formation of the neurosis has a certain purpose; that it is an endeavor to attain in this way certain ends difficult of attainment in other ways. This is quite correct and it is clear in this case. Think, *e.g.*, how much cheaper the patient's life became, thanks to the obsession. It made him avoid intercourse with his friends and subsequent expenditure for drinks. And when his two mistresses insisted on his taking them to the theater or to dinner he could always resort to his obsession. His being prevented from wasting his time on social life resulted in an increase of his working powers. There was no place for him to go but the office and he used to return there after dinner and spend the whole evening there. This shows that the obsession was both a torment and an excellent incentive towards the goal he strove to reach, *i.e.*, his rise in life.

This is a fact which tallies with the doctrine of symbolism. And another fact is linked with this "usefulness."

The discovery of an analogy between dreams and neuroses has become of fundamental importance for the studying of neuroses nowadays. In my lecture on "The interpretation of dreams" I expounded the psychosynthetic view of the dream process as follows: A dream is an expression of the spontaneous psychosynthetic tendency and its object is to synthesize by means of a picture the conscious life which has been disorganized in the waking state; or at least to indicate a way of reaching this synthesis.

In the same manner the obsessive idea implies an attempt to



bring into harmony the conflicting tendencies of life and this attempt may prove to be quite subtle, on closer investigation. There is something of cunning in the manner in which the patient managed, thanks to the obsession, to combine the demands of the active with those of the erotic instinct. It enabled him, on the one hand, to devote himself unhampered to his work and, on the other, to gratify his erotic instinct to the full without any great expenses. Had he shown himself in a restaurant with one of the two women, gossip would soon have disclosed his double relationship.

One might object here: If an obsessive thought implies so profitable an arrangement of life, why should one submit it to psychic treatment and thus have it destroyed?

However subtle the scheme seems to be it has under all circumstances aspects of so grave a nature that it becomes very desirable to substitute for it a better system of life, as soon as possible. We must especially remember that obsessive ideas involve a daily and constant torment.

I should like to illustrate the conditions under which these sufferers are living. Suppose that in the course of a lecture some one in the audience takes up a newspaper, begins to read, and presently turns to his neighbor to discuss it—giggling and half-loud. This would disturb the lecturer. He would resent this lack of attention and would say to himself: What an idiot I am addressing an audience that does not show a bit of interest. By degrees he would get excited and the newspaper would act like a red rag waved in front of a bull. Try as he would, his attention would return to it. His irritation would grow into anger, he would consider descending from the platform to pull the paper out of the disturber's hand; he would argue with himself and try to get back to reason, but the affect would merely get worse. While these reflections were passing through his head, he would be able to continue his reading as if nothing had happened. He could not even betray what was going on in him by a tremor in his voice. It is not altogether impossible, however, that this incident might have some useful sides to it notwithstanding. Possibly the lecturer's attempt to force the attention of the disturber might add strength of conviction to his address. But even if that were the case it is clear that he might have acquired this additional strength in a different and a more pleasant way, *e.g.*, through a sense of general interest in the audience.

That is what is so painful in compulsion neuroses. While the

sufferer does his work and moves about among people that have no inkling of his affliction he is incessantly beset by obtruding thoughts. The moment he descends from the platform and reveals the thoughts he harbors he makes himself impossible; he loses his position and becomes an invalid. This daily struggle on the verge of infirmity is characteristic for the obsessed and necessitates what I just indicated as being the aim of the treatment: the replacing of the obsessive symptom with a more expedient system of life. In this replacement analysis plays an important part. But in the more intricate cases we soon find that we do not succeed by means of analysis alone. We may analyze and analyze indefinitely without even touching the obsessive symptom in our efforts. *Partly* because the patient knows what he has but not what he gets. In other words he is not willing to give up a system which, despite everything, renders life possible to him unless he is sure that what he gets instead is something better. It is obvious that this certainty can never be given him by means of analyzing the evil. He must be shown the way to a *building up* of life on principles sounder than those he has hitherto made use of; and he must be persuaded that this building up will lead to a form of life which has the practical advantages of the obsessive system while at the same time it is free from the disadvantages in the form of suffering and needless waste of energy. In other words: we must shift the center of gravity *from psychoanalysis to psychosynthesis*. This was necessary in the case I have mentioned. Apprehension of want and matrimony was so deep-rooted in the patient that he could only with great difficulty be prevailed upon to abandon a mode of life which afforded him safety in this regard. I met him at a party five years after the treatment. He moved freely among the crowd and he told me that his disease now belonged to the past. He had been married for the last few years and was getting on socially. He had reached a synthesis of life based on another and a better foundation.

We need but cast a glance at this case, remembering the patient's double sexual relationship, to understand that our psychosynthetic endeavors must extend beyond the field of psychology; we must approach ethical problems and this again often leads on to religious ones. If we are to range the treatment of obsessive symptoms with medical science as such instead of leaving the sufferers to themselves and to chance as we used to do, we must extend the limits which physicians generally draw up for their profession. We must choose between two things. Since I took up this kind of treatment I had in

all consistency to take up also the study of ethics from a psychotherapeutic point of view. This coincides with the universal point of view. For we are always striving after sanity, harmony and freedom from suffering. My study of ethics resulted in an attempt to formulate the elementary ethical demands in a series of sentences, and the highest ethical demands in another series. If beyond the particular cases we physicians are to reach a psychic hygiene that prevents psychic suffering we can not in the long run avoid building our work on a broader basis and including in our program a clarification of ethical and religious conceptions.

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In order to give an idea of the difficulties and complications confronting one in the treatment of obsessions I shall briefly relate another case. I do this with a certain reservation since external circumstances prevented the completion both of the analytical and synthetic side of the case; the patient being a German woman only temporarily living in Stockholm. Her husband, a business man, had come to Sweden during the war to carry out some business orders; when this was done he had to go back.

This was the patient's situation at the beginning of the treatment: She was a Jewess, fairly well off economically, twenty-three years of age; had been married three years; there was a child of three months. Heredity good—on both sides. One brother—sound. Physically nothing to be noted except a certain weakness of the respiratory organs.

I might group the obsessive symptoms of this patient in three complexes for the sake of the survey: the funeral complex, the washing complex, and the mother complex. It must be remembered, however, that there are no definite lines separating these complexes.

The patient suffers from obsessive fear in regard to everything that has to do with funerals. On getting to a strange city she inquires where the undertakers' places are situated, making detours so as not to have to pass them afterwards. At the sight of a hearse in the street she turns away hurriedly in order not to get near it. It is impossible for her to be in the same room with anyone in mourning, to say nothing of shaking hands with such a person. If, on entering a street car, she discovers an individual in mourning, she immediately gets off. Once, while she was looking for an apartment in Stockholm, a lady in mourning opened the door. Although the place was suitable from all points of view she persuaded her husband

not to rent it. It would be impossible for her to sit in a chair where someone in mourning had been sitting or to touch a doorknob previously touched by such a person. The mere sight of flowers that are often used at funerals inspired her with horror. She can not read a book and has not been able to do so for a long time; if she tries she is constantly in a state of tension for fear of seeing a word with which she might associate funerals. She can not touch a newspaper on account of the obituary notices which it contains. If her husband should bring home a paper and forget to destroy it before the patient goes to bed she can not sleep; she steals out of bed, takes it cautiously between two fingers and throws it out of the window. Asked as to what is the worst part of this complex, the patient says it is the touch of black crêpe; and this leads right up to the washing complex.

The patient does not wash herself some dozen times a day as frequently happens in the cases of sufferers from compulsion neurosis. She can keep it up for three or four hours at a stretch. On her morning and evening toilet she consequently spends a large part of the day. Besides, a washing frenzy is often produced in the day's course by one thing or another. Once, while she was standing on the back platform of a street car a hearse passed and she thought that it had brushed the car. She ran home and kept washing herself for hours. If she comes into contact with crêpe the day is spoiled for her. This reaction is, however, only one, although the most dominant, among a number of compulsive actions. Sometimes, *e.g.*, she gets a notion that she must find out how high up on the wall she can reach with one foot, keeping the other foot on the floor; and she can continue this game indefinitely. In addition to this there are genuflections and other exercises reminiscent of religious ceremonies. Sometimes she goes on like this during the greater part of the night until at last, towards morning, she falls asleep from sheer exhaustion. The mumbling of prayers through it all leads to the third complex.

The patient is morbidly attached to her mother. When she moved to Stockholm it actually proved impossible for her to be so far away from the mother although they wrote and wired each day. The mother had to move over here and rent a room in the same house with the patient. In spite of this their parting is accompanied each night by long sentimental ceremonies; and as soon as the mother is not in the room she worries about her. She imagines all possible horrible things happening to the mother and is racked with self-

accusations for having caused them. She is constantly afraid that she may harm her mother through some thought and she subjects her thinking, therefore, to the severest scrutiny. Since her marriage this worry has been transferred to the husband. She can never be without him. With admirable patience he endures the restraint to which he has to submit himself as a result of this condition. If her life were at stake the patient would not be able to leave her home and be away from either husband or mother for a single night.

She can master her obsessive symptoms to the extent that she can move among people and take care of her duties as a housekeeper, in a way. She can attend a dinner party and behave normally for a few hours at a stretch. But she can do so only by means of the greatest self-control. She is never free from her thoughts for a single moment. Otherwise she is an alert, intelligent, sensitive woman and takes a great interest in life. She studies music successfully.

As regards the origin of this state of things the patient can only furnish some rather vague information. It developed by degrees. She remembers that this or that peculiar trait existed at this or that period. There had been spells when she was better. Only one thing is clear: that the symptoms increased during her pregnancy and at that time became as grave as they are now.

Trying to penetrate into this obscurity I had first to find the experience which had so frightened and shaken her and given rise to the obsession. My first question was, therefore, naturally: Has there been any sorrowful case of death in your family? The patient said her father died when she was nine years old.

A number of details could thereby be explained as being obsessive reproductions of this reminiscence. It shed light also upon the mother complex. The patient had become acquainted with death and naturally enough she got a dread of equally losing her mother of whom she was extremely fond. The most important detail was the following: Some time before her father's death the patient had said to a friend that he might as well die so she could have her mother all to herself. When her father fell ill the patient imagined that her evil thoughts had brought this on; and when he died she accused herself of having killed him. After this she became subject to an obsessive watching of her thoughts for fear that she might otherwise inadvertently think something that could have a similar fatal effect in regard to her mother's life. She did not feel sure of herself unless she saw her mother near her. We get a glimpse here,



if not of a certain reasonable sense, at least of a certain meaning in the absurdity of the funeral and mother complexes. And we may suspect that the washing complex and the other obsessive actions arose as symptoms of reaction. For, according to Oriental conceptions, death and impurity are intimately interwoven. It was, *e.g.*, a part of Zoroaster's doctrine that the touching of a corpse should be followed by protracted complicated procedures of cleansing. There is nothing particularly surprising in the fact that the patient first of all resorted to washing herself as a reaction to obtruding thoughts of death and self-accusation: she felt unclean in body and soul, in the sense of the Old Testament.

An analysis of this theory had no therapeutical effect whatsoever; nor did it yield any clue with the aid of which the synthesis could grope its way forward. I tried to go on in all possible ways; summoning to my assistance everything we know of the analysis of obsessions. But I remained stuck at one and the same point.

At last there came a dream which afforded a new and decisive clue; a dream figure had strange eyes and the patient associated with these eyes something which she was embarrassed to tell. I got it out of her gradually, however. During her childhood and her growing up until she was fourteen years old, she suffered from an *aversion to food*. They did everything to make her eat but at each meal the same resistance and the same fussing were repeated. Neither supplications nor appeals, neither threats nor punishments were of any avail. Then somebody happened to tell of a wise woman whose glance was so hypnotizing and compelling that she could make anyone do what she commanded them to do. This worker of miracles was fetched to force the patient to eat; and it was her glance which the patient associated with the eyes she saw in her dream.

Here I found myself facing a new obsessive symptom. This symptom had developed from the nutritive instinct and had disappeared after having controlled the patient for a number of years, just as her present symptoms controlled her now. It occurred to me then that it might be possible to get a closer view of the formation of her obsessions through this symptom.

The patient did not know when this dislike for food began. I asked her to find out from her mother; that which she told me was confirmed in a subsequent talk with the mother herself. The patient had had an elder brother. This brother died when she was *half a year old*. The mother had a collapse from grief over this loss and



her milk dried up. The baby had to be weaned; but this weaning was met with a fantastical resistance. She beat and kicked and cried when offered the bottle and there was no way of getting her to drink. Only with difficulty was it possible to make her swallow enough to keep her from starving to death. It was this violent shock that extended over a period of fourteen years. For ever since this episode there persisted in the child an aversion to food which lasted without interruption until puberty.

If with the aid of our imagination we now try to reconstruct this experience gone through at the age of six months we get a clearer picture of the illness. I might refer in this connection to the Finlander. The history of his case showed that a strong experience of lust at the same age may remain latent in the subconscious and after several decades emerge into consciousness and take control of it. Here we have to do with an intense feeling of disgust. Otherwise conditions are analogous. The rôle played in the former case by the big red hands of the nurse as a center of existence was played in the latter by the *crêpe dress of the mother* during the period of mourning. All anguish and all horror were indelibly interwoven with the touching of this dress. If we could fully appreciate the significance of the intimate connection between an infant of six months and the mother from whom it gets its sustenance, that warms and protects it and is, in short, identified with life itself, then we should also readily understand that the brutal severance from the mother had the effect it had. We might then understand that not only the susceptibilities in regard to the mother in mourning, but even all the new painful visual impressions related to the funeral cut the awakening consciousness like knives, destroyed the hitherto existing harmony and laid the foundation for that struggle against intruding foreign thoughts which the patient now had to wage daily, at the age of twenty-three. To every attempt of this kind to reconstruct the experience lived through at this early stage of existence there is made the objection that it must needs be vague since nobody can remember that which happened at so early an age. But fortunately we find ourselves here in a position to be able to point out a definite connection between this experience and an obsessive symptom which lasted a long time, viz., the aversion to food; and in this we have at once a fixed point to start from for drawing analogous conclusions.

An analysis of this perspective did not lead to any therapeutical results. The patient shrugged her shoulders, saying: "It is very

possible that it is so, but what good is this information to me since it does not help me to get rid of my obsessions?" All analysts will have had similar pessimistic experiences in dealing with cases of this grave nature. Even if we succeed in reaching the bottom of consciousness, little is gained by this; and if we continue the analysis still further in all its details we may only injure the patient. It goes without saying that under conditions like these the analysis can be continued indefinitely. One may point out a connection between the original complex which produced the disease and practically every idea that has passed through the brain of the patient. But one can not warn enough against dogmatic analyzing of this kind. As soon as the analysis has given us that understanding of the morbid complex which we must have in order to treat it we ought to go on and transfer the center of gravity to the synthesis.

One might argue then: It is rather easy to understand that the profound shock the patient suffered at the age of six months immediately caused a nervous disorder as was the case in regard to her dislike of food. But she was likely soon to forget all those images that were connected with the funeral. They were buried under piles of new experiences. Why did they not remain buried there? Why did they revive gradually after ten years? Why did they acquire this power over consciousness twenty years later?

If we go back again to the case of the Finlander we remember that the immediate cause of the revival of his infantile lust complex was an accidental association, viz., the sight of the servant's red hands handling his child. But there was another feature which I only superficially touched upon in relating the case and which I must emphasize in this connection, viz., a certain disillusion in his married life. It did not give him complete erotic satisfaction; the memory of his childhood sensation of lust emerged to fill the void. There was, so to say, a weak point in the synthesis of his life; and owing to this weak point the strongly obsessive reminiscence could intrude.

We have to ask ourselves now if something similar might be pointed out in the present case. Did the emerging of the funeral complex to consciousness stand in any relation to difficulties in the arrangement of this patient's life; in relation to some void that had arisen? The possibilities of a psychosynthetic treatment depend on the answer to this question. For it is the physician's duty to inquire how that which has been twisted awry may be pulled straight again.

Turning our attention to the time when the disease began to break

out we are struck by a rather peculiar fact. The outbreak occurred early in the patient's married life and especially during pregnancy. This does not conform to the sexual view of neuroses. It would seem that the possibility of gratifying the sexual impulse would have brought relief and one would think that this relief would be further enhanced after the mother instinct had been similarly given an opportunity of release. How was it possible that matrimony and pregnancy came to act as an obstruction in the struggle against which the shaping of life went wrong and there took place a complete psychic disintegration through obsessions? The fact was all the more surprising as the patient had married for love and there was no question of conjugal unhappiness. I had already discussed this topic with the patient at an early stage of our acquaintance; but I came only gradually to appreciate its significance. For the sake of comprehensiveness I saved it for this part of my report.

I discovered very soon that the patient often occupied herself with famous women in her dreams. There was especially one dream about Selma Lagerlöf which drew my attention. Not until I had gained the patient's full confidence did she tell me that ever since childhood she had cherished dreams of becoming a poet. She began to write poetry when still a child and poetry had for her been the sanctuary in which she sought refuge from life. For several years she had had a hard struggle with herself as to whether she should have faith in her talent or tear it out of her heart. When at last she decided on the latter the reason was chiefly that *as a woman* she would never attain results that would satisfy her artistically. She buried her poems therefore—and married. Matrimony meant the sacrifice of the desire of her soul. And pregnancy became the confirmation of the fact that this sacrifice was irrevocable. Now she was doomed for life to devote herself to domestic duties. She resorted to singing as a substitute for lyrical production. This she could combine with married life; but it could never afford the release which poetry might have given.

That a young girl writes poetry is a thing so common that at first we think we may discard it as a factor of any importance in the shaping of life. I requested, however, to see some evidence of her talent and she brought me a number of poems. I then discovered that hers was a striking talent and it became clear to me that this was a matter of inner forces which could not be ignored with impunity. Gradually I understood that this violation of the poet's instinct was the funda-

mental cause of the whole compulsion neurosis and I also understood that the treatment of the case had to be focussed on this point. It seems to me pardonable indeed that it took months until I arrived at this solution; for this was really the last thing I had expected.

If I were to explain this condition I should be obliged to discuss the psychology of poetry. I must confine myself to a few indications.

During the night, as we know, we go through a process of spiritual renewal. This process consists partly in a throwing off, in a measure, of the day's experiences so that on our waking in the morning they do not have the same power of forcing themselves upon us which they have at night; and partly in recovering, equally in a measure, the unity we lost while our consciousness was being divided by the multitudinous impressions of the day. In the poet this process of renewal takes place with extraordinary strength and puts its stamp on the conscious life while awake. The greater his gift, the stronger will be its demand for self-realization; and at a certain point we may without exaggeration speak of a natural impulse, an instinct. The blocking of this individual force of renewal will then have the same results as the repression of the regenerative power of sexuality. This repression becomes all the more serious as it easily affects the most sensitive and, to a certain extent, the most essential part of life. I mentioned previously that we are often unable fully to understand the development of obsessive thoughts unless we take account of religious factors. This is an instance. To the poet inspiration and religious consciousness are one and the same thing; not only because inspiration leads him up towards what is highest and best within himself and makes it possible for him to contribute a redeeming asset to the world—but primarily because inspiration is for him the deep mysterious source of renewal which in religious phraseology is called "God." If this source wants to break forth but is forced to dry up through artificial measures on the part of the poet the result is that the psychic life is being deprived of the function of renewal without which it can not live and develop, no more than it can live and develop without sleep. The individual gets into a permanent state resembling that which we all know after a night's vigil. The soul is paralyzed as it were, the thoughts circle mechanically and there surges up now one thing and then another from the experiences of the past; everything is incoherent and meaningless. If this condition is permitted to develop for a long period of time the psychic life will gradually become transformed into a conglomeration of

obsessive ideas and impulses similar to those the patient suffered from when I first surveyed her condition.

Unless the creative impulse is taken care of by the conscious and offered a natural conscious outlet by means of literary production it will be pressed down into those forms which spiritual productiveness assumes in the unconscious. In order to comprehend why just the funeral complex was resurrected from the unconscious and penetrated the conscious in order to dominate it, we only need remember the analogy between the dream and the formation of a neurosis. During sleep we gather from among a million experiences of the past exactly those pictures that best lend themselves to a symbolization of the condition in which we find ourselves at the time. If, for instance, we dream of a person we have not seen for ten years we do so because this person affords a more plastic picture of our inner condition at that time than any one else could supply. That is exactly what happened when the funeral complex broke into the patient's consciousness. From the experiences of the past she fetched up the complex which best served to symbolize the state of spiritual death into which she had lapsed. Because of the intensity of the two experiences which formed the core of the complex—the death of her brother when she was but six months old and the death of her father when she was nine years—the complex assumed a tremendous power over the consciousness after it once had been dug up from the unconscious.

A closer study of the obsessive system from this point of view sheds an amazing light over its various details. As regards, *e.g.*, the patient's apprehensions of harming her mother or her husband through her thoughts and words, this absurd fantasy can be accounted for in a very simple manner. That which sustains the poet in his activity is an unshakable faith in "the power of the word," a faith justified by the fact that all momentous changes, good and evil, have been brought about by words. As this faith in the power of the word was not permitted to manifest itself in poetical work it had to manifest itself instead in the obsessive fantasy—the fear of the power of "the word to kill."

In discussing the case of the man unable to visit restaurants I pointed out that the obsessive system often answers a certain purpose. With this patient it consisted in arousing in her an awareness of the danger to which she was exposed and through the treatment also in the realization of the fact that we can not with impunity violate



something deposited within ourselves and living there with a power as compelling as that of the poetic gift. This case illustrates strikingly the view I have previously given; that it may be necessary to destroy the obsessive system, despite the positive function it possesses; and to replace it with a better system of living.

And this leads me right up to the treatment.

It should be concentrated, in the first place, on reviving the regenerative power which the patient had sought to suppress. I had to initiate her husband into the situation and get him to understand that the patient required his support for this; he had to be careful not to imprison her too much in her matrimonial duties; and as much as possible he must afford her free play to her inclinations. Fortunately I met with response in him and ever since he has assisted the patient with touching kindness in cultivating her interests. I myself took care of her development as a writer. There now came a veritable flow of lyric of real artistic significance and I criticized each product thoroughly. At the same time the patient's trouble in regard to reading disappeared so she could recover the ground lost during the years she had been unable to keep in touch with literature. The trend I had given her life in this way was continued after she moved to Germany. A year later she came back to Sweden to submit a play to me and I was glad I could tell her that, in my opinion, it was the best play ever written by a woman.

On visiting Berlin in November last year I saw the patient again. She was living in a boarding-house and associated freely with other people there and elsewhere. It was no longer difficult for her to be absent from her mother and her husband for weeks at a time; these lived in a small town at a few hours' distance from Berlin and she used to go and see them every other week. Her husband did not object to her being away from home so much since he realized that it was impossible for her to cultivate her interests in the environment of a small town. The reading of books and magazines no longer presented any difficulty but, although the patient in this way had been considerably relieved, she was not free from obsessions. The funeral complex continued to obsess her, also the washing complex.

One thing, however, interfered seriously with the patient's efforts to get cured. Having been tubercular for the last few years she had to stay in bed for months at a time and had been prevented from carrying out her literary projects.

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To sum up, my general impression of the treatment of obsessive symptoms is the following: in the simpler cases the treatment is likely to yield results. It must be approached in the same way as when we start to solve a mathematical problem and the tangle has to be unraveled until we make the equation work. Then the rest, as a rule, is easy enough, provided external conditions are not too adverse. The more difficult cases put the analytical as well as the synthetical powers of the physician on a hard test. But no case of pure obsession should be called incurable in itself or, at least, unimprovable.

## ACTIVE THERAPY IN PSYCHOANALYSIS \*

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There has recently been developed a new departure in psychoanalytic technique, the importance of which cannot be finally and definitely estimated at present because this new form of technique is only in its beginning. Further clinical experience in psychoanalytic therapy will be necessary before the utility and perhaps the limitations of this new technique can be completely evaluated. As a contribution to further study of medical psychoanalysis, this communication is presented in the hope that more definite factors may be formulated. This technique consists of what Ferenczi terms "active therapy"<sup>1</sup> but Ferenczi himself has been careful to point out that the older catharsis and the more recent free associations were in themselves pronouncedly active, the really new contribution consisting of active interference on the part of the physician at a certain stage in the analysis. It is the ability to distinguish this stage in the analysis, the proper time for interference and the exact method of active interference to be utilized, which constitutes this new phase of analytic therapeutics.

According to Ferenczi's contribution before the International Psychoanalytical Congress, in active therapy, particularly in hysterical phobias, the patients were urged to reexperience the situation producing the phobia and anxiety and this resulted in advancing the analysis. The chief rule of this modified therapy was that the treatment has to be carried through in abstinence and in many cases the procedure used was in the form of orders and prohibitions, always

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<sup>1</sup> These new contributions to psychoanalytic technique may be found in the papers by Ferenczi (*Zeit. f. arzt. Psychoanalyse*, Vol. V) and in a paper read by him before the Sixth International Psychoanalytical Congress (The Hague, 1920), in Freud's "Beyond the Pleasure Principle" (1922), in six articles on the technique of psychoanalysis reprinted in the *Sammlung Kleiner Schriften Zur Neurosenlehre*, IV, 1918, and in Forsyth's "Technique of Psychoanalysis" (1922).

against the direction of pleasure. The patients were urged to seek situations that produced discomfort and when these situations became pleasurable to them, they were then prohibited. As a result the therapeutic results were striking. The indications for active technique were limited to certain exceptional cases or to those showing stop-pages in the analysis.

Freud has also pointed out how active deviations may be made from the regular technique according to the type of the case. He has formulated the rule that the analysis should be carried out in a state of abstinence, by this meaning a certain element of deprivation connected with the dynamics of the disease and which should only be removed by the success of the treatment. For instance, in the obsessional neurotic, the analysis should proceed until the idea of the analysis itself became involved in the structure of the obsession. Likewise in the hysterical phobias a cure can never take place if the patient is allowed to shield himself entirely from the danger of an anxiety attack. Patients should be urged to expose themselves to a mild form of these attacks by voluntarily placing themselves in certain situations which might precipitate an attack. In the severe agoraphobias, for example, the patients always experience an anxiety attack when walking alone on the street and protect themselves by never going out alone. Under these conditions we must induce them to walk the streets alone, to battle with their fear and this active interference finally reduces the phobia to a point where such a procedure becomes possible. They behave then like patients with mild phobias and when this takes place, they will then be able to produce those associations which precipitated the phobia and so solve the nature of the anxiety attacks.

Thus it will be seen that this procedure is radically different from the method usually employed in practical psychoanalysis. In a general way, this active therapy has been used by analysts in the past in overcoming the resistances and thus making conscious the repressed material, but it is only recently that its basic theory and its practical value in certain stages of medical psychoanalysis have become recognized as an important advance in technique.

The customary procedure in analytic work is a passive one, through free associations both in the dream analyses and in the ransacking of the patient's personality, including all the life incidents in an attempt to overcome the childhood amnesia, thus discovering and overcoming the resistances and utilizing the transference for the

purpose of the cure. But in some cases and under special conditions, such as stagnation of the analysis, the inability to overcome anxiety and fear, the presence and unconscious construction of formidable resistances, homosexual transferences, unconscious motivation of symptoms under the guise of a relapse in order to prolong the pleasure of the transference, attempts to use the dreams as a sort of refuge from the facing of an unbearable reality which the treatment of the neurosis is forcing on the patient and finally in the stubborn symptomatic religious trends in certain cases of obsessional neuroses, an active interference by the analyst is not only permissible, but may be demanded by the nature and condition of the case.

One must be careful, however, that this active interference does not increase the resistance of the patient or that he does not reanimate the past and thus utilize his past conflicts in an attempt to solve present problems. In certain of these cases and under special condition, the time finally arrives for the physician to abandon his passive rôle, his sphinx-like attitude as shown by the fact that under this passive tendency the analyst often appears in the patient's dreams as a Buddha or a Sphinx-like figure, and enter the arena of the patient's unconscious in an active struggle with the neurosis. Of course such an active procedure is not without certain dangers to the analysis and therefore should only be attempted by one who is perfectly familiar with psychoanalysis and even then, only after the physician has become thoroughly acquainted with the patient's neurosis and the traits of his personality, through a long period of passive technique.

Even after a certain form of active therapy has been definitely decided upon, extreme caution must be utilized in its application, for to swing the patient from a stage of apparent comfort to one of neurotic discomfort, may set up an aggressive attitude, increase the resistances and the ability to overcome them and so diminish the flow of unconscious material. The physician must assist the patient at the proper psychological moment to overcome his phobias, the unconscious motivation of symptoms or homosexual love affairs, as the occasion of the case demands, not by suggestion or explanation, which should be scrupulously avoided, but by making the patient uncomfortable, by making the neurotic conflicts and symptoms more disagreeable in order to stimulate the patient towards getting well. Thus the task is to be determined mainly by varying psychical constellations of the patient, because these fluctuate according to certain

internal and external factors. It is the study of these fluctuations, on which the progress and duration of the analysis depends, that constitutes a rational active therapy, because the circumstances influencing mental health run parallel with the need of a cure or an amelioration through the analytic therapy. Thus too much comfort from internal or external situations may have the effect of diminishing the efforts in the analysis and so be detrimental in effecting a cure. In certain cases, therefore, it seems to the patient's interest to artificially increase the discomfort and tension produced by the neurosis, in order that he may be stimulated to overcome the resistances which act as barriers to an outlet for the repressed material. It is only by carefully utilizing this procedure, that in some cases a cure can be effected. In this connection it must be remembered also that under certain conditions both the analyst and the treatment may be regarded from the standpoint of acquisition of pleasure, the analysis being utilized as an outlet for the libidinous impulses, and under these circumstances the real purpose of the therapy, *i.e.*, the cure, becomes defeated.<sup>2</sup>

In addition, also, if the neurosis is made disagreeable, if it ceases to be a source of pleasure, then the patient no longer has the desire or incentive to take flight into disease, to use the neurosis, as the dreams are sometimes utilized, as a form of escape from an unbearable reality or to prolong the transference through unconscious motivation of symptoms. Active therapy therefore stimulates the inducement to get well, it deprives the patient of situations and fantasies which give him comfort and forces him to face uncomfortable situations according to the nature of the case.

In the stagnation of the analysis, particularly where the actual neurosis has become changed to a transference neurosis, the disintegration of this transference neurosis is really a type of active therapy. This artificial disease of the transference neurosis should be attacked and broken up, particularly if it appears to take the form of a relapse or exacerbation of symptoms, a condition which may be unconsciously motivated by the wish to prolong the pleasure of transference through unconscious manufacture of symptoms. In this connection, a statement of Freud may be quoted:<sup>3</sup>

"The physician makes it his concern to limit the scope of this

<sup>2</sup> See, on this point, Abraham, "Resistance in Psychoanalysis," *Int. Zeit. f. arzt. Psychoanalyse*, V, 3.

<sup>3</sup> S. Freud, "Beyond the Pleasure Principle," 1922, p. 18.



transference neurosis as much as he can, to force into memory as much as possible, and to leave as little as possible to repetition. The relation established between memory and reproduction is different for every case. As a rule, the physician cannot spare the patient this phase of the cure, he must let him live through a certain fragment of his forgotten life and has to see to it that some measure of ascendancy remains in the light of which the apparent reality is always recognized as a reflection of the forgotten past. If this is successfully accomplished, then, conviction on the part of the patient is attained, and with it the therapeutic results that depend on it." This metapsychological point of view is merely another manner of expressing certain aspects of active therapy.

Active therapy in psychoanalysis should not be applied to solve the current conflicts of the patient which may be more or less bound up with the neurosis itself, such as love affairs or the choice of a vocation. With these latter it is best not to interfere, but allow the analysis to go on as passively as possible, because on recovery the patient will spontaneously determine his own choice when freed from the crippling influence of his neurotic symptoms.

After the above discussion of the theoretical basis of active therapy, the following brief notes may serve to demonstrate the practical application of the method as employed in those cases where the procedure appeared to be necessary.

In a severe case of compulsion neurosis, there occurred day dreams of the death of his physician. These day dreams frequently took place to such an extent that the death wishes could be considered as part of the obsessive thinking, thus interweaving the physician in his neurosis. This point was reached only after the analysis had been conducted for several months, thus carrying out Freud's suggestion that with an obsessive neurotic, one should proceed until the idea of the analysis itself has become involved in the obsessional structure. In a way this is a form of active therapy, because the obsessive wish directed against the analyst is a form of resistance which the patient must overcome before he can proceed further on the road to recovery, particularly if this involvement of the analyst produces discomfort.

Furthermore, after his mother's death, which precipitated into full activity a long latent obsessive thinking, he had been going daily to the synagogue for the recitation of the old Jewish morning prayer for the dead, out of loyalty to his mother. But as the analysis pro-

ceeded and as the Oedipus situation became more clearly uncovered, it was shown that his visits to the synagogue and the reiteration of the prayer were really an unconscious veiled form of libidinous satisfaction, as he felt that the prayer brought him nearer to his dead mother and thus renewed and reanimated the incest fantasies dating from early childhood. In other words, through sort of a repetition-compulsion he repeated as current experience what was repressed, instead of recollecting it as a fragment of the past.<sup>4</sup> In this case, there can be applied Freud's statement on the general situation: "This reproduction appearing with unwelcome fidelity always contains a fragment of the infantile sex-life, therefore of the Oedipus-complex and its offshoots."

It was at this point in the analysis that active interference was decided upon, as it was felt, because of the veiled symbolic significance of the synagogue and the prayer, that he was deriving too much comfort from the renewal of this daily situation and this comfort was acting as sort of a resistance, as it involved a periodic regression to the patient's own childhood. It was an indulgence for repressed feelings in the form of a religious outlet, as the real purpose of the prayer was a symbolic attachment to his mother, although rationalized as a compensation for the grief at her death. These daily visits to the synagogue and the reiteration of the prayer had gradually in themselves become a compulsion because, based on the superstition which is so characteristic of the compulsion neurotic, he felt that the failure to carry out these religious duties might not only produce personal disaster, but at the same time he felt that the particular time chosen for this prayer belonged to his mother. The quiet of the synagogue, the dim light, the rhythmic chanting of the prayer in a low voice, all reanimated the condition of his own infancy, the period of identification with his mother, in fact, his presence in the church was symbolic of this state.

Consequently when this point in the analysis was revealed, when resistance appeared and the analysis became temporarily stagnated, he was forbidden to attend the synagogue again or to recite the morning prayer and after a short period of this element of deprivation with subsequent discomfort which symbolically severed the umbilical attachment to his mother, this element, which was detrimental to the further progress of the analysis, disappeared and he began to rapidly improve.

<sup>4</sup> See, on this point, Freud's "Beyond the Pleasure Principle."

In another instance, during the analysis of a homosexual neurosis, active interference was decided upon during a period of hysterical attacks with many infantile features, which occurred when the patient felt that his homosexual love for another man was rejected or when a feeling of jealousy arose. This active interference was accomplished by making the patient remain in the presence of the other man with whom he felt he was in love, rather than have him leave the particular neighborhood where both lived, in spite of the frequent emotional outbursts. This was done for the purpose of carrying on the analysis under circumstances which the patient himself knew were unfavorable, to prolong the sense of discomfort for the purpose of utilizing this feeling as an incentive towards getting well. In fact, after a short period of this active therapy, the homosexual love for the particular individual which in this case seemed as blind as normal heterosexual love, gradually disintegrated and the man no longer appeared as physically attractive to him as formerly.

A young woman had suffered for months from hysterical vomiting. It is impossible within the limits prescribed by this communication to enter into details of this interesting and complicated analysis with its unconscious incest fantasies and the persistence of the infantile libido, other than to state that the active therapy was a strong therapeutic factor leading to eventual recovery. As the analysis showed an improvement in her unconscious fantasies, she began to feel temporarily worse, because she was being deprived of her neurosis, could not escape into it and was compelled to face the realities of life. In this case home conditions were strong precipitating factors in her neurotic conflicts, as on many occasions she utilized her hysterical vomiting as a method for getting square with certain members of her family, whom she disliked. Therefore she was compelled to remain at home as a form of active therapy in order to make her as uncomfortable as possible, to stimulate the wish for recovery, by forcing her to work out her own resistances, and so successful was the method that under these circumstances she immediately began to improve and subsequently recovered.

In several cases of anxiety hysteria, active interference was determined upon when the analysis had reached such a point of stagnation from unconscious resistance, that further progress in overcoming the phobias seemed to be blocked. Without entering into these cases in detail, this active interference directed against the customary

passive therapy of the analysis was pursued along several lines, according to the nature of the situation.

In one instance, after the patient was directed to voluntarily place himself in the situation which stimulated the greatest amount of fear, rather than avoiding these situations, it was noticed that after he broke through the fear and arrived at his destination, even if this artificial attitude produced a sense of frenzy and terror, that this feeling would be replaced by one of comparative comfort. On repetition of this active interference, the sense of comfort and freedom from the phobias would gradually become of longer duration and on each subsequent occasion of artificially stimulating the situation which produced the fear, the fear itself would not only be of less intensity but of shorter duration. Interesting in this regard was the observation that the active therapy produced no conscious antagonism towards either the physician or the analytical procedure. However, in the middle of this active therapy, there did appear two dreams showing the unconscious resistance toward the analyst, the content of these dreams being that of the physician's house as dirty, disarranged, topsyturvy and the physician himself being unkempt and unshaven. Although he could only endure a certain amount of discomfort without terror, yet when he succeeded in driving himself through the terror he felt more comfortable, although the phobia still persisted, but in a milder form.

In another instance, where active therapy was used successfully in a case of anxiety hysteria, the patient, a woman, had finally reached a point in the analysis where she insisted on asking all sorts of questions. Many of the questions were repetitions of what she had frequently asked in the past and she attempted to influence this analysis through these questions, rather than submit to the more passive form of free associations. These questions were almost compulsive in their nature, a sort of repetition-compulsion of present conflicts. At this point it was decided to refuse an answer to any further questions, but on the contrary, as a form of active therapy, the patient was forced to bring forth as free associations anything which came into her mind and with these free associations the questions became interwoven. As a result a sudden spurt took place in the improvement, which for a time had been rather blocked. It seemed, therefore, that this active therapy had overcome that internal

resistance which had led to the temporary stagnation of the analysis, after a certain phase of the improvement had been reached.

The situation in this case seemed to be parallel with certain points in psychoanalytic technique advocated by Ferenczi. Every motive which the patients have for concealing their thoughts should be analyzed with great care and they should be directed to fix their attention to the elements of opposition to the treatment. On the contrary, the physician should remain entirely passive until a situation arises where active intervention is called for. Every demand for information and every question on the part of the patient should be met with a counter question, because if the question is immediately answered the patient loses all further interest in the analysis. Thus with a delayed answer it is sometimes possible to draw inferences as to the unconscious motives of the interrogation.

In another case of anxiety hysteria it was noted that the patient had used her dreams as a form of escape from the task of real interest in life. This was rendered particularly clear by the fact that after a certain point in the analysis had been reached all the dreams began to repeat the same motives and wishes noted earlier in the treatment, the only variation being a different setting or dramatization. Here an interesting situation had taken place, a sort of unconscious repetition-compulsion in the dreams. She began to repeat as dream experience what had formerly been repressed in the unconscious in order to exert herself as little as possible in an effort to bring forth new unconscious material. This was all for the purpose, as it was subsequently shown, of prolonging the analysis through the form of transference, as she began to regard both analyst and treatment from the standpoint of the acquisition of pleasure. It was felt that if this situation were allowed to go on, if she were allowed to utilize her dreams as a form of pleasurable escape as the line of least resistance, then the real purpose of the analytic therapy, the cure, might be defeated. At this point in the analysis, the passive rôle of the physician was abandoned and active interference was decided upon. This took the form of an absolute refusal to listen to any more of the patient's dreams and the free associations were limited to a ransacking of her entire personality. After this procedure had been used a short time a rapid improvement followed by a cure took place.

In summarizing the practical experience gained by this clinical material where the technique of the active therapy has been utilized, certain theoretical and practical points should be emphasized. The



nervous illness of the patient continues during the analysis, and by sort of a compulsive act he continues to repeat his symptoms and resistances. Even if a rapid transference should take place at the beginning of the analysis, leading to a sudden disappearance or amelioration of the symptoms, this should be viewed with suspicion and the physician should be cautious in interpreting this as a successful outcome. Such rapid transferences merely hide or mask the real unconscious motives and resistances, and by their presence tend to diminish the patient's efforts in breaking through the crippling influence of the neurosis. However pleased the physician may be with such a rapid result, yet this result must be viewed in the light of a flight from effort, of an escape from inner resistances, into the transference which is often, under these circumstances, merely a fantasy formation or a fixation regressing into childhood. An improvement under these conditions can never be permanent.

Under these special circumstances, therefore, the task of the physician must be directed along the line of active interference. He must temporarily abandon the passive observation and study of the surface manifestations in consciousness and even of the deeper unconscious implications of the neurosis and in its place there must be substituted a departure from the usual technique, from the rigid adherence to the psychoanalytic rule of passivity to one of active interference with the patient's psyche.

In some cases, unless this active therapy is followed, the physician will be confronted by useless and scattered fragments of the free associations and consequently the progress of the analysis will be brought to a standstill through the resistance. In the phobias, particularly, the active therapy utilized in the form of urging the patient to place himself in uncomfortable situations, is not for the purpose of becoming accustomed to these situations, but rather for the freeing of the affect which has become bound up with the resistance responsible for the stagnation.

It can be shown by clinical experience that under certain conditions the patient's mastery over his phobia, his freedom from anxiety or compulsive acts or thoughts, will not take place if one passively awaits until the patient has voluntarily given up his symptoms as a result of the analysis. Consequently one often wonders after a long analysis, why the patient has not improved according to expectations. It must, however, be emphasized that the passive attitude on the part of the physician in certain cases can never bring into the analysis or

into the patient's life or his neurosis, the material which is really essential for a cure. This is for the reason that the libido which is in part set free by the analysis may become engaged in various substitute satisfactions which are endowed with a strong emotional energy, and the patient being constantly in combat with these diversions is no longer stimulated by the desire to get well. The principal motive for active therapy is for the purpose of stirring up unconscious material and it should never go beyond the prohibition of something which gives the patient either comfort or pleasure. The active interference is therefore with the resistances alone, and then very guardedly and only when absolutely necessary, for it is this resistance which produces the temporary stoppage or stagnation in the analysis.

## PSYCHOLOGY IN PRIMITIVE BUDDHISM

BY JOE TOM SUN

GUAM, PACIFIC OCEAN

From time immemorial the Law of Cause and Effect has been accepted by the philosopher when considering matters relating to the physical world.

To the early Aryan thinkers cause and effect played so important a rôle that in speech there arose a single term to express the concept. This word was "Karma," and it was tersely and dynamically defined as: "That power by virtue of which cause is followed by effect."

The gift of gifts that was made by Buddha to mankind was his application of this Karmic Law, the law of cause and effect, to the moral world. In his discourses he contended this with inexorable consistency.

One of the most far-reaching contributions to philosophy made by Freud is his insistence upon psychic determinism; in the neuroses this is the relation existing between the symptom and its motivation. This is the application of the Law of Karma, not only to the physical and moral phases of life but also to the science of psychology.

In perusing some of the primitive Buddhist texts the analyst cannot fail to be charmed at the sound psychological insight into human behavior that was achieved by Buddha and taught by him to his followers.

To the five senses of the old psychology the Buddhists added a sixth. This is called "Mano," thought perception. Mano is regarded as the mental eye, it is on a par with other sense organs such as the eye or ear, and its function is to observe what takes place in the mind. Mano is at once recognized as being identical with the endo-psychic organ postulated by Freud and termed consciousness. Consciousness Freud defines as a sensory organ for the reception of psychic qualities.

The Buddhist concept of mano and the Freudian thesis of consciousness may be regarded as one of the most concrete examples of the phenomenon of convergent evolution that is known to have transpired in the realm of philosophy.

The Buddhist writings do not contain any mention of the unconscious in the Freudian sense. They do contain, however, one of the most eternal of verities, namely, that desire (*tanhā*) is the outstanding obstacle to wisdom, and therefore the principal component of ignorance.

This, restated in the language of psychoanalysis, reads: The therapy of Freudian psychopathology is based upon the theory that uncontrolled desire (*avijja*, lack of wisdom, *tanhā*, desire), faultily attached libido, is the salient etiological factor in the neuroses.

Buddhist thought was preëminently devoted to reality. Many speculations were regarded not only as profitless, but actually as pernicious. Among these were contemplations of first causes, such as the origin of the universe and metaphysical matters such as the nature of the hereafter. These and kindred subjects were prohibited as well as dabbling in the affairs of one's neighbors. It was written: "Not about the perversities of others, not their sins of commission or omission, but regarding his own misdeeds and negligences alone should a sage be concerned." Dream interpreters were held in disregard, as were certain diviners who told fortunes from fragments of rags that were gnawed by mice.

Buddha taught the evil of illusion (*maya*), and the need for its substitution by wisdom. Freud teaches the pathogenesis of phantasy and contributed to therapeutics the technique of psychoanalysis to bring about the substitution of conscious thinking (wisdom, *vijja*) for unconscious thinking, phantasy (illusion, *maya*).

The teachings of Buddha and Freud are absolutely identical upon the subject of determinism as it applies to the individual personality. In the *Dhammapada* it is written: "All that we are is the result of what we have thought; it is founded on our thoughts, it is made up of our thoughts. Freud, in speaking to Putnam, said: "We are what we are because we have been what we have been (the Law of Karma). And what is needed to solve the problem of human life is not moral estimates (*maya*, illusion) but more knowledge" (*vijja*, wisdom).

A deeper evaluation of the majesty of the oneness of these utterances will be felt when it is appreciated that they are separated by an interval of twenty-four centuries.

The philosophy of Buddha starts with the postulate of the existence of sorrow and ends with the goal of the elimination of sorrow.

Again and again Buddha says: "Both then and now just this do I reveal, sorrow and the extinction of sorrow."

As to the existence of sorrow it was held to be inherent in living matter, quite on a par with motility, irritability and the other attributes of protoplasm. To Buddha birth, growth, old age and death appeared to be accompanied by such an unwarranted and unwelcome element of pain, disease and craving, collectively called sorrow (*dukkha*), that the escape from sorrow became the sole aim of his teachings.

*Dukkha*, sorrow in the Buddhist sense, refers not only to sorrow as consisting of the ills, trials and tribulations of everyday life, but it refers almost entirely to the emotion that arises upon appreciating the impermanence and transiency of life, and all else in the universe. This is precisely one of the principal symptoms of many neurotics, the feeling of the futility of future efforts, the emptiness of life; it appears in many disguises.

With the object of eliminating sorrow, Buddha took under critical consideration the cause of sorrow. This cause he uncompromisingly stated to be desire (*tanhā*), which in turn is due to ignorance (*avijjā*). This ignorance was by no means assumed to be lack of learning in material matters but it referred almost entirely to faulty psychic functioning.

The elimination of desire is the most elemental of human activities. It is clearly formulated by Kempf in modern psychological terms under the neutralization theory.

With the elimination of sorrow it was assumed that there naturally would follow contentment, or in other words the maximum happiness, which is tranquillity (*nirvana*). The profound psychic import of this tenet will at once be appreciated when one observes that it is identical with the pleasure-pain principle of unconscious thinking.

Buddha taught that psychic tranquillity (*nirvana*) can be obtained by the acquisition of wisdom. Wisdom again does not refer to academic accomplishments but signifies understanding of life in its broadest sense. Buddha outlined a definite path (*maggā*) along which it was necessary to travel in order to acquire the wisdom that would eliminate the sorrow arising from ignorance. This path of conduct was described as living one's life so that it should at all times be governed by right views, right aspirations, right speech,



right acts, right means of earning a livelihood, right efforts, right thinking, and right peaceful contemplation. In psychoanalytic language this is behavior motivated by the conscious mind of a reasoning personality instead of by the unconscious mind of the child, savage or neurotic.

The standard of morality that was held by Buddha may be inferred when one reads that evil may be done not only by acts and by speech but by evil thinking as well. The soundness of psychology that somatic harm to the organism may result from faulty ideation has only recently been taken seriously by the western scientific world. Jelliffe has just stated as a very important truth that emotional stimuli cause reactions as definite as psychical agents.

Buddha placed desire, lust (*rāga*) as the foremost hindrance to the leading of a life of wisdom and tranquillity, with laziness and doubt (anxiety) following. To the student of Kempf who upholds to us the ideals of virility, efficiency and happiness these precepts of Buddha seem awe-inspiringly close to the best that modern philosophy has to offer.

In that the greatest hindrance to attaining nirvana was clearly recognized to be desire, the need to conquer desire became imperative. This was attained, not by the mechanism of repression, but by the most deliberate of conscious sublimation. This sublimation was not along the lines of extraversion in motor activity but by an introversion. This introversion took the form of a studious acquisition of knowledge of life, and above all an intensive contemplation (*jhāna*) upon what was learned. Meditation is one of the most important tenets in Buddhism. Memorizing without thought was regarded as without avail and meditation without study was held to be futile, it being but cloud divination.

Buddha enjoined a searching introspection of one's conduct and mind. Once a month the monks in a district would assemble for what was known as the disembodying, a form of confession. The individual was required to arise in the meeting, at which several thousand might be present, and to publicly announce each transgression that he had committed of the regulations of the monastic order. This was a ceremony that could only have been endured by men of rare earnestness.

Profound insight into the psychology of the conscious mind was attained and later expounded in their philosophy. Emotion, for example, was frankly stated to be due to ignorance. A casual glance

at the underlying motive for the majority of emotional outbreaks will evidence these to be due to the mechanism of displacement, a by-product of ignorance, lack of psychic insight. Furthermore, a morbid emotion is not cured by merely teaching a patient its etiology. Its cure is, however, brought about by analysis (*vijja*, wisdom) which is characterized by instruction and the deepest of meditation, *i.e.*, free association and being led gently backwards from the present effect to the past cause.

It is recorded that when Buddha spoke before a gathering that each hearer thought that the doctrine was being expounded expressly for the individual listener himself. This is a direct reference to what is now understood as positive transference.

The manner in which Buddha helped a sufferer may be learned from this quotation: "I set up the individual mind of each one who seeks peace, bring it to quietude, unify it, gather it together." It would be difficult to-day to more clearly state the aim of an analysis, which above all is to unify a mind, to make conscious the unconscious, that is, to bring peace, an end to conflict and sorrow.

When the subject of the ego comes up one is touching upon the most difficult chapter in Buddhist philosophy. Not difficult of understanding but very unsatisfactory to attempt to epitomize. On the one hand, it is extremely individualistic in that there is absolute responsibility for one's acts, the existence even of chance is denied: "By oneself one sins, by oneself one is purified." A Buddhist does not pray; they have no projected anthropomorphic progenitor or mother image intermediary who can relieve them of their sins. This is the theory of personal responsibility carried to its logical end. On the other hand, though individualistic it is at the same time extremely unselfish, as charity towards one's fellow beings, including kindness even to the lower animals, is held to be among the highest of virtues.

These two ideas, the intense individualism and consistent compassion, are so antipodal as almost to refuse to constellate.

Buddha taught that the ego was not a reality, that it was non-existent, that it was an illusion, as it came from antecedent causes which in themselves were of an unstable nature, that what has a beginning must have an end, that what has an end is inherently impermanent, and that permanence was the sole criterion of reality.

The apparent ego is regarded as a mere integration of certain material and psychic factors. It is due entirely to the coming together, the occurring at the same time of the physical person con-

sisting of the chemical elements of the body and of the mental attributes such as sensation, perception, consciousness, and character. None of these taken separately constitute the ego; the ego, the personality, alone results from this ephemeral association of aggregates. To illustrate this there is the chariot simile, the chariot as such is regarding as nonexistent. What do exist, however, are the component parts of the vehicle, the pole, the frame, and the wheels. None of these taken separately is a chariot, in fact when dissociated they are but a pile of spare parts, but when in certain ephemeral, unstable, and transient relations to each other they constitute a carriage to which a name is given. This name is thereupon mistaken for an entity. Then there is the rainbow simile. The rainbow does not exist as such. What does exist, however, is an integration of rain drops and rays of light, producing the illusion, the rainbow.

To the Buddhist "In the quest for the *I* the error already exists in the problem itself and transfers itself necessarily to all its conclusions," (Dahlke).

This attitude in no detail differs from the view expressed by White when writing: "What constitutes the individual? What constitutes the environment? These are pseudo-problems. They are the two elements of a dynamic relation, of a constant interplay of forces, in which their relative values are in a constant state of flux." One must keep in mind that flux, becoming, impermanence and illusion are phenomena, and that it is by phenomena alone that it is possible to assume the existence of reality, which as a matter of fact has as yet not been grasped (Spencer).

In psychoanalytical terms, a personality may be described as the integrating of the physical body with a set of psychic mechanisms. In fact this integration of mind and matter amounts to an indistinguishable interrelation in that both are but forms of energy. In a grave psychosis when a dissociation takes place of one of the systems such as perception, memory, foreconsciousness, motor or consciousness there may follow a complete disappearance of the erstwhile rational ego, and there remains a wrangling mass of human spare parts, a deteriorated psychotic.

With an understanding of the Buddhist concept of the ego the question of the nature of the soul is autonomically disposed of, in that a soul is merely an ego after death. Any discussion of the difference between a live illusion and a dead illusion can only be entered upon by those skilled in metaphysics.

With the ego declared to be nonexistent, being but a transient association of mind and body aggregates, with the soul declared to be likewise illusion, yet with the most steadfast insistence upon personal responsibility for evil acts and an unshakable belief in the hereafter, the question arises: What is it that lives? What is it that carries on to the future existence? The answer to this rings clear to the Buddhist mind: "It is our acts." The proof of this is that it is to acts that Karma applies. It is to acts in that they are followed by reactions, which reactions again instantly function as causes for further effects. Therefore to acts alone is there permanence in that their effects never cease.

The personality of one to-day is the effect of antecedent acts, and is the cause of acts to come. If we are in distress, critical and unbiased inspection of the facts in the case will regularly evidence that our distress is due to lack of wisdom, little does the end product, the wretchedness, matter by whom the unwise act is performed. The woman suffers severely from the acts she performed when a child, yet she is not the little girl who acted unwisely, but she came from that child, and the grown woman profits or suffers in accordance with her childhood experiences and the manner in which she phantasied about them.

To the Buddhist death is merely life looked at from another viewpoint, it is strictly a matter of energy transformation. One can assume a live man; there is latent in him a vast amount of energy, and that this man is instantly killed by a falling beam. Biochemistry does not even hint at a solution of the problem of the difference between a live body and a body suddenly bereft of life. This difference is alone thinkable in terms of energy. It is clear that people differ widely in energy values. In that wisdom conduces to health and strength and folly leads to disease and weakness it is evident that upon death each person liberates a different degree of energy. This difference in degree of energy released is the effect of antecedent behavior of the individual. It is our deeds that are immortal, it is to them that Karma and permanence, the test of reality, alone belongs. This body indeed dies when the life forsakes it, but the life does not die.

This energy liberated at death must be accounted for, just as the physicist accounts for the light wave that emanates from a snuffed candle. The Buddhist theory of rebirth (*jāti*) has been formulated to this end. Rebirth is assumed to be due to the energy that is

liberated upon the dissolution of one personality energizing a new being. This like all advances into the unknown is theory and theory alone. But, mark well, its conditional acceptance explains much that is in urgent need of explanation. Embryology has taught us to locate in a fertilized ovum of one one-hundredth of an inch in diameter, the capacity to recapitulate the phylogenetic history of a billion years of animal life in nine months. The Buddhist believes that the life energy that energizes this ovum is the effect of countless eons of antecedent causes such as being a monad, a multicellular organism and finally a mammal. The same fundamental concept is contained in the new psychology which views an organ as the somatic expression of psychic phenomena.

The Buddhist theory of rebirth alone answers the question of what it is that brings about the differences in mankind. Biology refers to it as variation. Variation, however, is strictly an effect of antecedent causes, the variation noted in the person under consideration is a cause only for that which is to follow.

The Buddhist knows that by living a life governed by conscious wisdom and not by unconscious craving there will result a personality but little afflicted by sorrow. Further, from the law of cause and effect, a sorrowless life in the present will condition a sorrowless life in the hereafter. This is a transference of character, yet a disavowal of personality and soul.

Skepticism as to a hereafter is a flight from reality, so also are the psychoses; both are due to the individual finding life so laden with sorrow as to make escape imperative.

A review of the neurotic cases passing before one will show that almost all of them are decidedly disoriented in their religious beliefs. They have lost the faith of their forefathers and are bewildered. One will further observe that mild neurotics are materially comforted by an intensive return to some manner of ceremony, usually in a new or bizarre cult. A noteworthy high percentage of patients upon their first being awakened to the somber seriousness of their having to gaze upon the image of their behavior as reflected by an opaque analyst, promptly depart, criticizing, compensating and regressing as they wend their way in a maze of religious activities.

The withdrawal of the ego from reality in the psychoses may be so complete as to place the patient beyond the pale of present psycho-analytic synthesis. In that scepticism is a severe fugue, there follows the most philosophical soundness for the statement of Reede



that a penetrating analysis and permanent repair cannot be made of a patient who has completely lost his faith in the hereafter.

The Buddhist hereafter, Nirvana, is strictly a mental condition. It is not a place, it is not a negative state, it is not death. On the other hand, it is the living of a life with one's mind unhampered by the craving of unsated desire. It is a phase of mental life that is as much a reality to those who have attained to a glimpse of its emotion, as is the concept of the unconscious mind to the Freudian scholar. It is equally difficult for the adept to demonstrate to the unprepared, there being no test-tube precipitate or jog in the sphygmograph line by which to point to the presence of either.

The fact is there are far more affinities between the Buddhist philosophy and Freudian psychoanalysis than exist between the latter and any other system for aiding humanity to attain the goal of increased energy intake, conversion, and output (Jelliffe).

Philosophically the aim of both is identical, the elimination of sorrow, and the attainment of happiness. In Buddhism the path is by enlightenment, in psychoanalysis by association-understanding of intrapsychic mechanisms, and both place the highest stress upon the need for sublimation.

In closing it is meet to reaver that not a trace of Freudian psychoanalysis as such exists in Buddhism. On the other hand, Buddha clearly discerned some of the most profound problems menacing mankind and through the mechanism of sublimation offered a rational scheme of libido control that was, prior to the teachings of Freud, absolutely unparalleled in the history of human endeavor.

## TRANSLATION

### POETRY AND NEUROSIS

CONTRIBUTIONS TO THE PSYCHOLOGY OF THE ARTIST AND OF  
ARTISTIC CREATIVE ABILITY

BY DR. WILLIAM STEKEL  
OF VIENNA

Authorized English Version by James S. Van Telaar

*(Continued from Vol. X, page 466)*

Gülnare, the king's daughter, now alone in the world and the head of the empire, arrives to set things in order. She kneels before Rustan, believing that old Kaleb had murdered the king.

Herr, o stoss mich nicht zurück!  
Deinen Namen auf den Lippen,  
Starb der gute, alte Vater,  
Gleich, als wollt' er seine Liebe,  
Sein Vertrauen auf Deinen Beistand  
Noch im Abschied von dem Leben  
Mir als letzte Erbschaft geben:  
"Rustan", sprach er und verschied.<sup>4</sup>  
Und so fleh' ich denn im Staube:  
Nimm die Einsamme, Verlassne,  
Einst bestimmt zu näheren Banden,  
Nimm sie auf in Deinen Schutz.

We see here again a reference to the memorable scene already mentioned: the father's last words, "too late!" as he turned his gaze upon young *Grillparzer* in the agony of death and the stricken mother's eyes pleading dumbly for protection and support. But misfortune grows. Kaleb is led to prison; at Rustan's command the

<sup>4</sup> So did also "The Wild Man."

warriors at first rebellious against Gülnare, kneel before their new queen-commander.

The fourth act<sup>5</sup> stages a conspiracy against Rustan. The roused populace rebels against the arbitrary rulership of that upstart, Rustan. In the palace he disputes with the people's representatives, the noise reaches Gülnare's ears and she steps forth to make peace. She hears the strong accusations against Rustan as formulated by Karkhan the leader of the rebellion, and she orders that old Kaleb be brought from jail. But while in jail Kaleb was to have been slain by Zanga, upon Rustan's orders. We have already mentioned that Kaleb, too, is a personification of the dead father, no longer able to speak up for himself. The poet's patricidal thoughts revolve in a circle, like a compulsion, bobbing up again.<sup>6</sup>

Zanga reached the jail too late so Kaleb is brought forth alive. Rustan, angered at the failure, almost breaks with Zanga and is about to turn the latter over to the people's wrath. But upon Zanga's threat of disclosing everything Rustan, cross in hand, swears anew eternal allegiance. Rustan's character reveals itself here for the first time in its true light, inasmuch as, in spite of his former crimes, heretofore he had been rather led into his misdeeds. Now all his plans and thoughts are concentrated on one objective,—to save himself—and he demands of the dumb Kaleb to point out the murderer. It is his last chance, a hope born of despair. One after another, he points to the various persons present. Who is the murderer? Is it this one? That one? Let him speak out! Kaleb, the dumb old, raises himself to his full height and with supreme effort stammers: "You!" Pressed again by Rustan, he manages, by a supreme effort, to pronounce distinctly: "Rustan!"

The anxiety dream has thus reached its emotional climax. Rustan is disclosed at last as the murderer. A pleasant ending seems now impossible for this adventure. The dreamer is lost. . . .

<sup>5</sup> The following statement by *Grillparzer* is interesting in this connection: "Through faulty staging the middle acts lost their dream-like character, as originally planned. The whole thing assumes more and more the character of a criminal episode."

<sup>6</sup> The artist's mind was for a long time preoccupied with his father's death. In his diary, for instance, he states: "During the first eight days, after my father passed away, I had the feeling that it had just happened. After the first eight days it seemed to me that a whole year had gone by, and now, after the lapse of three years, I look back upon that painful occurrence as something I had heard dimly during my childhood days." Obviously an attempt to shift the unpleasant occurrence as far back as possible.

And now this poetic fancy turns into an ending which is always typical of the neurotic anxiety dream. When fear reaches its highest pitch, when the emotions are strained to an unbearable degree, there is an awakening and the dreamer, still shuddering under the spell, notes with satisfaction that "it was only a dream."

Here, too, the clock strikes three. Rustan stirs, stretches and murmurs:

Horch! es schlägt! Drei Uhr vor Tage,  
Kurze Zeit, so ist's vorüber!  
Und ich dehne mich und schüttle,  
Morgenluft weht um die Stirne.  
Kommt der Tag, ist alles klar,  
Und ich bin dann kein Verbrecher,  
Nein, bin wieder, der ich war.

One would think the dream is ended, but the awakening is only of short duration; Rustan's dream continues.

A servant of the queen he mistakes for Mirza; again Mirza, Gülnare, the mother and the cousin become fused in one figure. Our hero finds himself in deepest trouble. He must face the combat, the warriors take sides for or against Rustan, the latter draws his sword in a blind and fiery determination to hack his way to freedom. Gülnare faces his sword and calls out:

Diese nicht; sie sind nur Diener;  
Triff mich selber, hast du Mut!  
Let them go; they are only servants;  
Strike me; if you have the courage.

And what does Rustan answer? A few short but meaningful words:

*Any one, but you!*

Here we must refer again to a well known dream symbolism. Fencing and combat generally, in the language of dreams, means the carrying out of a sexual act. If the child happens to see its parents or any adults during sexual embrace it thinks that the latter are having a fight. Attacking a woman with sword or dagger has the same significance as a sexual assault on the woman and, in that sense, sword and dagger have a sexual significance.

We see here practically a repetition of the scene in which the old woman asks him whether she must coerce him. Gülnare exposes

herself before his sword; but Rustan knows his duty. He may possess, he may love any woman but her; that would be the most horrible crime of which a man could be guilty. Hence his abstention and his outcry:

Any one, but you!

Meanwhile Zanga has set the castle on fire, *i.e.*, the passions break from under control, and there is but one way of escape: flight.

The reader is relieved at this point by an interruption in the dream, again Mirza perceives the groans of Rustan, the dreamer. Massud's voice is heard only from behind the scenes; this portion of the drama emphasizes particularly Mirza's coy character. She does not see her father and when the latter opens at last the door she notices that he is already dressed. "Already up, already dressed?" That expression obviously is a reference to Marie Rizi, whose religiosity and coyness led her to join a nunnery and "assume the garb" or dress. Her meditative temperament seems to have reminded him of his mother, a comparison which, of course, implies the highest praise that any man can give a woman.

Mirza prays to the Lord to preserve the dear man; very significantly she prays also for protection against evil thoughts.

Nicht vor Leiden nur und Not,  
Auch vor Wünschen und Gedanken,  
Dass kein Unheil mir ihn anficht,  
Bis mein Innres wieder bei ihm,  
Und ich wieder beten kann.

After the tension is thus released by the information that it is only a dream, the action of the drama shifts back to the earlier out-of-door-scene with the cliffs in the background and the bridge from which the cliff man had been hurled to his death.

Zanga squares accounts with Rustan; the unconscious rebels against consciousness. Rustan declares the other was but a servant, bent on mischief. Zanga breaks out in laughter at that. He says:

Helfer? Stifter? Das vielleicht!  
Aber Diener? Lass mich lachen!  
Wessen Diener? Wo der Herr?  
Bist du nicht herabgestiegen,  
Nicht gefallen von der Höhe,  
Die mein Finger dir gewiesen,

Weil dem mächt'gen Willensriesen,  
 Fehlte Mut zur kühnen Tat?  
*Gleich* umfängt uns Schuld und Strafe,  
*Gleich* an Anspruch, Rang und Macht;  
 Und wie *gleich* im Mutterschosse  
 Schaut als *gleiche* uns die Nacht.

Consciousness and the unconscious, both are alike responsible for our sinful deeds; the wild cravings of the unconscious have hurt him, but if Rustan has failed it is only because his consciousness lacked the courage to carry out all the criminal commands dictated by his unconscious.

Finally Rustan is about to slay Zanga. Zanga disarms him and pushes him towards the same bridge from which the father had plunged down to his death. Rustan tries to avoid that bridge. "I can not! I can not!" he cries, and regrets that he ever followed the wild dictates of his restless soul: "O that I ever trusted thee!"

The fatal bridge from which the father was hurled to his death requires special interpretation. It is a symbolic representation of humanity's primordial brooding over life and death, the bridge being an ancient symbol which stands at the same time for birth and for death. The bridge leading to the realm of love leads also straight to the kingdom of death.<sup>7</sup> As he faces his end Rustan is confronted with the task of recrossing the "bridge of life and death" as he had done once before,—at his birth. That particular bridge only one mortal had the right to cross,—his father. Rustan is overwhelmed by a realization of his terrible fate:

O, mir schwindelt, o mir graut!  
 Fahles Licht zuckt durch die Gegend,  
 Fieber rasen im Gehirne,  
 Und die schwankenden Gestalten,  
 Nicht zu fassen, nicht zu halten,  
 Drehen sich im Wirbeltanz.  
 Feind, Versucher! Böser Engel!  
 Wohin schwandst du? Bist so dunkel!

*Now Zanga suddenly appears, clothed in black. His hair seems to Rustan a mass of curling snakes. He has a pair of dark wings and*

<sup>7</sup> Cf. the interesting study by Otto Rank, entitled, *The Myth of the Birth of the Hero*, translated by Robbins and Jelliffe, The Nervous and Mental Disease Monograph Series, No. 18.



*his feet are shining with a subdued glow. It is the devil who is now standing before Rustan, it was the devil who had tempted him right along!* (Zanga here becomes Mephisto!) Zanga ridicules Rustan's qualms of conscience. The snakes turn into cords, the wings stretch down to the ground into folds such as are part of the people's dress in this locality. At the same time full armed warriors make their appearance behind Zanga's back. Rustan is forced to tread upon the bridge and there Gülnare appears before him,—it could be none other—shouting: "Hold on, you murderer!" and later again: "Give up, give up!" A figure resembling Rustan plunges into the stream.

The dream is ended. Rustan awakes. Zanga, standing before his bed is astonished at his wandering talk and thinks the man has suddenly gone out of his senses. Massud and Mirza arrive; Rustan, very naturally, takes them to be the king and Gülnare.

Ha, der König und Gülnare?  
 Nicht der König! War' es möglich?  
 Du scheinst Massud—Mirza, Mirza!  
 Seid ihr tot, und bin ich's auch?  
 Wie kam ich in diese Hütte?  
 O, verschwende nicht dein Anschau'n,  
 Dies liebevolle Blicke  
 An den Dunkeln, den Gefall'nen.  
 Denn was mir die Liebe gibt,  
 Zahl ich rück mit blut'gem Hasse—  
 Und doch nein, dich hass ich nicht!  
 Nein, ich fühl's, dich nicht—Und dich nicht—  
 Hass? O, mit welch' warmem Regen  
 Kommt mein Inn'res mir entgegen?  
 Hasse euch nicht. Hasse niemand.  
 Möchte aller Welt vergeben,  
 Und mit Tränen, so wie ehemals  
 In der Unschuld frommen Tagen,  
 Fühl ich neu mein Aug sich tragen.

Rustan now formally rejoices over the fact that he hates no one. The poet's great excitement over that may be understood in the light of his confession quoted from his autobiography (page 15). He can hardly believe now that blood and murder, combat and victory,—were only a play of his phantasies. Massud interrupts him, saying:

War vielleicht die dunkle Warnung  
 Einer unbekannten Macht,  
 Der die Stunden sind wie Jahre  
 Und das Jahr wie eine Nacht,  
 Wollend, dass sich offenbare,  
 Drohend sei, was du gedacht,  
 Und die nun, enthüllt das Wahre,  
 Nimmt die Drohung samt der Nacht.

The wise Massud knows that all evil thoughts have their realm within the dreamer's breast. He says so very explicitly, later, in reply to Rustan's question whether he doubts the latter's new won decision to stay at home and take Mirza in marriage, he asserts that dreams are incapable of evil. But the dream, of course, does awaken latent wishes.

Nothing is comparable to Rustan's great happiness when he finds that it was all merely a dream.

Sei gegrüsst, du heil'ge Frühe,  
 Ew'ge Sonne, sel'ges Heut!  
 Wie dein Strahl das nächt'ge Dunkel  
 Und der Nebel Schar zerstreut,  
 Dringt er auch in diesen Busen  
 Siegend ob der Dunkelheit.  
 Was verworren war, wird helle;  
 Was geheim, ist's fürder nicht;  
 Die Erleuchtung wird zur Wärme  
 Und die Wärme, sie ist Licht.  
 Dank dir, Dank! dass jene Schrecken,  
 Die die Hand mit Blut besäimt,  
 Dass sie Warnung nur, nicht Wahrheit,  
 Nicht geschehen, nur geträumt.  
 Dass dein Strahl in seiner Klarheit,  
 Du Erleuchterin der Welt,  
 Nicht auf mich, *den blut'gen Frevler*  
*Nein, auf mich, den Reinen*, fällt.  
 Breit es aus mit deinen Strahlen,  
 Senk' es tief in jeder Brust.  
 Eines nur ist Glück hienieden,  
 Eins: des Innern stiller Frieden  
 Und die schuldbefreite Brust.

Und die Grösse ist gefährlich  
Und der Ruhm ein lehres Spiel;  
Was er gibt, sind nicht'ge Schatten,  
Was er nimmt, es ist soviel.

Now the threatening split in personality yields to peace and even the devil seems chained down by the good spirit, the old Derwish who, obviously, is none other than that spirit of philosophy, that wisdom of the Brahmins which has always dwelt on the worthlessness of all earthly desires: Zanga and the old Derwish pass by the window in friendly concourse; the old man plays the harp and Zanga an accompaniment on the flute. The evil cravings, the animal desires, are tamed by the power of wisdom.

Wherever the light of truth and self-knowledge penetrates the ghosts of darkness find no place to dwell any longer. The evil powers are enchained to the service of the good.

### IX

The power which inspired the artist with this wonderful poetic drama wherein the fundamental neurotic conflicts and fears are marshalled before our eyes perhaps more skilfully than in any other literary creation of its kind, that power the artist owed to his instinctive cravings.

But our analysis which, unfortunately, must be presented only in abbreviated form, shows also that the artist is his own physician-to-the-soul inasmuch as he frees himself of his pent-up thoughts by marshalling them forth in plastic form before the eyes. It reminds us of the advice that *Grillparzer* himself has recorded in his autobiography: "Let every one who wants to accomplish something in life, ferret out his unpleasant thoughts until he is able to find a solution for them."

That this is possible the poet has shown in his *Traum ein Leben*.<sup>8</sup> Therein he has portrayed for us all the consequences of one's hidden antagonism against father and brother. The brother is slain, the father poisoned, the mother abandoned by him. But after doing all that what may possibly be one's fate in the end? With terrible relentlessness crimes are heaped upon crimes down to the moment when Rustan throws himself off the bridge before Gülnare's eyes. But out of this dream the hero wakes, jubilant and happy with the

<sup>8</sup> English version by Moffat, Yard & Co., New York.

blissful feeling of being cleansed,—that in his combat with the evil demons he has come out victorious. And here we sense a deeper appreciation of the truth of Hebbel's statement: "*Tragedy is a device of man's evil conscience.*"

This majestic creation teaches us to appreciate how much we are indebted to the artist's neurotic temperament. Would it have been possible for *Grillparzer* to produce his literary creations if he had lived the life of a healthy person to whom all these mental conflicts are unknown? No, never! His *Ahnfrau*, *Sappho*, *Traum ein Leben*, *Weh dem der lügt*, and all his other wonderful works would have remained unwritten had the threatening powers of the unconscious not clamored for release, had his neurosis not compelled him to find an outlet for the storm and stress within his soul by means of this artistic sublimation.

What holds true of this particular poetic work may be proven, sometimes easily, sometimes only after careful study and research, to be equally true of all other artistic creations. *Heine* truly is right when he compares all poetic creations to pearls which owe their origin to a disease of the oyster. All the beauty that our creative artists have introduced into our life we owe to the circumstance that the artists are ill, though not in *Lombroso's* sense; we owe it, plainly, to the fact that for the sensitive artistic soul the only choice possible is the insane asylum or a place among the Olympians. The artistic creators are not degenerates in *Nordau's* sense. No, they are persons like the rest of us, nervous, but extremely sensitive and deeply affected by the falsehoods of a civilization like ours which condones such a wide gap, such a veritable abyss, between the higher ethical requirements and our bodily or instinctive endowments. When this gap shall have been bridged, when the wishes, properly sublimated, will no longer need to filter through an inhibiting conscience before reaching fulfillment the last poet will have forged his last song. Will the race ever achieve such a spiritual balance? I doubt it. I am inclined rather to hold that the gap dividing the primordial man from his cultural self will grow with the ages. That we must continue to harbor alike beast and angel within our breast; but also that we must sacrifice either the one or the other, before we can attain peace of mind; or else keep on adopting various compromises between the two; and it is these lame truces, valid at best for a longer or shorter period, that generate eventually all our neuroses.

And it is the artist who feels most keenly this struggle between

past and present, this continual attempt at balancing between heaven and hell, inasmuch as he, above all persons, is the one who harbors within his breast the worst as well as the best of human nature; he represents the extremes at both ends of the gamut of life. Most powerfully endowed with man's primordial trends, his sexual cravings welling up to overflowing, keenly sensitive to the sway of all passions and at the same time endowed with a conscience finely responsive and far above the rest of mortals, the tenderness of his feelings attuned to the highest aspirations, the creative artist struggles and suffers for humanity and pays with his agony for the happiness of others.

Every neurotic is an artist living in a world of dreams of his own. "My life is a dreaming," states *Grillparzer*, "and that not merely in the Greek sense of a waking dreamer but in the true sense of one who is dreaming while asleep."

We modern psychotherapists are confronted with the task of divesting the neurotic's dreams of their symbolic garb, we must rouse the subject from his wonderful dream life and lead him with steady hand back into the world of reality. We must bring out clearly the relations between repression and ill health so that the neurotic sufferer opens his astonished eyes and, like Rustan, the dreamer, perceives at last the striking of the morning hour.

But we note that although every neurotic is potentially an artist he generally is one who, unlike the effective artist, is unable to find his way unaided from the realm of his dreams back into the world of reality. And there are among them true artists, dreamers and poets capable of conceiving the most wonderful stories. Only they obviously lack the gift of transmuting into word pictures or other artistic creations whatever weighs upon their soul and thus to free themselves by an eruption—Vulcan-like,—from the mass of searing lava which oppresses them.

Therein lies hidden the riddle of creative artistry. Precisely what is the source of that mysterious power which enables the exceptional person to find articulation for his tongue and to break forth in fitting, soul-releasing song? What is the measure of repression combined with self-knowledge, or eroticism and coyness, of religiosity and free thought, what precisely the right combination of submissiveness and rebellion, capable of turning the sufferer into a creative artist?

As yet the deeper understanding of this problem is beyond us. For the present we are merely able to surmise a few truths. . . . Thus we know that the creative power of phantasy is the foundation

of all creative artistry. We know that this is the same power which manifests itself in the children's phantasies and which takes possession of the neurotic, inasmuch as the latter remains emotionally fixed at the infantile level.

The artist essentially is and always remains a child. Some particularly favorable circumstances must coöperate to foster the ability of transmuting the fleeting figures of restless phantasy into definite forms and pleasing artistic creations. For one thing the neurosis must not reach the point of paralyzing the subject's joy of work. The creative urge must not be spent wholly in the contemplation of the ineffectual conflict within the soul.

That wild power which is the motive back of the greatest artistic creations has its roots in our so-called perverse instincts or cravings. The trends inimical to culture are sublimated and thus made to subserve the needs of culture. Man's deep lying unsocial trends are literally a part of that power which while bent on Evil, actually creates the Good, the Beautiful, and the True, in human society.

There is one craving in particular which seems to me the unconditional and most significant basis for all artistic creative ability. I refer to so-called exhibitionism,—the joy of exposure, that primordial powerful trend which rouses a gratifying sense of pleasure either in the naked exposure of others or in self-exposure. What do artists do, in the last analysis, but expose themselves and others in all nakedness? They place themselves and others on exhibition. Artistry is a form of psychic exhibitionism.

I refer again to my much quoted *Grillparzer* for a witness. Here is a little poem which he has entitled :

*Paganini*

Du wärest ein Mörder nicht? *Selbstmörder* du.  
Was öffnest du des Busens stilles Haus  
Und stösst sie aus, *die unverhüllte Seele*  
Und wirfst sie hin, den Gaffern einen Lust?  
Stösst mit dem Dolch nach ihr und triffst;  
Und klagst und weinst,  
Und zählst mit Tränen ihre blut'gen Tropfen?  
Dann aber höhnt du sie und dich,  
Brichst spottend aus in gellendes Gelächter.  
*Du wärest kein Mörder? Frevler du am Ich,*  
*Des eignen Leibs, der eignen Seele Mörder!*  
Und auch der meine—doch ich weich dir aus!



Here the poet concludes with the remark that he escapes exhibition even though his soul is dragged into the light by the creative urge. But we know better. We have seen that the writer, too, exposes his soul in plain view; there, in the open market the trembling sensitive thing is perhaps an object of derision at first, while later, as a "dead soul", it may be admired for its qualities. *Grillparzer* squirmed under the exposing ray of Paganini's artistry. But the drama in his soul he was unable to stifle.

Und schaudernd seh' ich's, entsetzenbetört,—  
Wie mein eigenes Selbst gen mich sich empört

he declares in another poem. He may have most firmly resolved to keep the soul a prisoner. Intentions and resolutions come to naught when the great creative hour strikes. Then the fetters burst and, behold the artistic creation in all its brilliant and virginal nakedness!

Have we arrived thus far at a nearer understanding of the problem we have set out to investigate? We achieved, at the most, a little clearing of the mists: we now understand that ill-health is an essential condition of all progress. Not only the poet, but all other creative artists, prophets, philosophers, and inventors alike, are neurotics. Neurosis is the source of all progress. Neurosis arises through the conflict between nature and culture and out of its elements it creates new cultural achievements thus widening still further the gap that exists between nature and culture. *Sie wird selbst zur Natur!* It becomes second nature!

Disease and health are not contraries. They determine one another organically and they also merge into each other by imperceptible degrees.

A world without hysteria would be a lamentable world. Illness and health belong together, like pleasure and pain, each conditioning and completing the other,—neurosis is the fruit on the tree of progress. It would occur to no logical person to hold the blossoms responsible for the bad fruit. Everywhere nature pays for improvement with numberless sacrifices. The rise of a single destructive-creative genius involves a thousand useless sacrifices; numberless neurotics vainly torment themselves in the attempt to produce something worth while before a single masterly creation actually makes its appearance.

Why does that particular creative work succeed and become a masterpiece? Who may dare undertake to answer this question?

It is part of the investigator's tragic fate. When after painstaking plodding and digging in some dark and unknown corner he thinks he has approached at last the solution of a riddle, numberless other problems rise before him like an impassable wall; and so he gives up the task of digging, preferring to toy for a while with the new knowledge which he has just dug, like a bit of precious metal saved out of the dark subterranean cavern.

## SPECIAL REVIEWS

### BEYOND THE PLEASURE PRINCIPLE \*

BY ROBERT M. RIGGALL  
OF LONDON

The economic consideration of mental processes assumes that they are regulated by the pleasure principle, these processes originating in tension and aiming at relaxation or pleasure.

Pleasure and pain (*unlust*) are considered in relation to the quantity of excitation present in the psychic life. This is not a simple relationship nor does a direct proportion exist between them; the amount of diminution or increase in a given time may be the factor for feeling. Forces opposing the pleasure tendency make the goal of supremacy only approximately attainable.

The instinct of self-preservation causes the pleasure principle to be replaced by reality and pain is endured in order ultimately to gain pleasure. The pleasure principle is concerned partly with sex impulses and prevails over the reality principle only to the detriment of the organism. Certain repressed instincts connected primarily with the pleasure principle can only obtain substitutive gratification along circuitous routes and are felt by the ego as pain instead of pleasure. All neurotic pain is therefore pleasure which cannot be experienced as such.

The traumatic neurosis is recognized as being inexplicable on the basis of organic injury to the nervous system. Freud emphasizes the importance of two facts: first the element of surprise, and, secondly, that an injury or wound occurring at the same time tends to guard against the onset of the neurosis. Apprehension cannot produce a traumatic neurosis because it protects against fright. The characteristic dream of the traumatic neurosis patient is continually taking him back to the scene of his disaster. Freud suggests that in this case the wish fulfilment function of the dream is prevented from coming into action because the stimuli are not assimilated.

In some observations on the play of children, Freud suggests that a game involving the disappearance and return of an object, stands

\* Freud. The International Psycho-Analytical Press. Price 6/-

for the foregoing of the satisfaction of an instinct as the result of which, in a case quoted, the child could let his mother go away without outward sign of regret. As his mother's departure must have been unpleasant, the question arises as to how the repetition of this act as a game accords with the pleasure principle. It is suggested that the flinging away of the object is the gratification of an impulse of suppressed revenge against the mother for going away. Children throw objects away instead of people. A pleasure gain of a different kind is obtained by the repetition of an unpleasant incident in play. Freud questions whether the compulsion to repeat in psychic life that which has made a deep impression can express itself independently of the pleasure principle. In the case quoted the repetition was connected with a pleasure gain of a different kind. In comparing the imitative actions of adults with those of children, it is pointed out that the pleasure principle is able to make the disagreeable an object of psychic preoccupation. These situations, such as seen in the dramatic tragedy, etc., presuppose the supremacy of pleasure and do not allow for tendencies beyond this principle.

In Chapter III Freud deals with the mechanism of Repetition-Compulsion occurring in the analytical transference as a transference neurosis and also in the life of normal persons. The patient is obliged to repeat as a current experience what is repressed and the earlier neurosis is replaced by a fresh one, viz., the transference neurosis. This "repetition compulsion" is ascribed to the repressed element in the unconscious, and it finds expression when the analysis loosens the repression. Resistance is due to the mechanism causing repression, it proceeds from the ego and is concerned with the avoidance of pain. This "endless repetition of the same" occurs in the life of normal people and Freud assumes that a repetition compulsion exists in psychic life, which goes beyond the pleasure principle. The dreams of shock-patients and the play impulse of children are cited as being connected with this compulsion. Freud assumes that this repetition-compulsion is more primitive and instinctive than the pleasure principle which is displaced by it and which has hitherto been considered as all-important.

In considering the problem of consciousness Freud bases his conclusions on his earlier works. Consciousness includes stimuli proceeding from the external world together with instinctive feelings of pleasure and pain coming from within. This gives consciousness a position in space. It occupies a half way position, facing the outer

world as well as including other psychic systems. This agrees with cerebral anatomy which refers consciousness to the superficial layer of the brain. Psychoanalysis proves to us that excitation processes leave permanent traces founding memory records unconnected with consciousness and often strongest because they have never entered consciousness. Consciousness is relieved of these memory records from an economic reason as it must remain free to receive new excitations. Freud now proceeds to develop his theory relating to a "protection against stimulation," illustrating it by a hypothetical comparison to an undifferentiated vesicle of sensitive substance. The relation of the sense organs with consciousness explains how this protective layer was formed; he explains how the sense organs assimilate only small quantities of outer stimulus comparing them to antennæ at first touching at the outer world and then withdrawing from it again. External excitations strong enough to break through the barrier against stimuli are called traumatic. Freud tentatively suggests that the traumatic neurosis is the result of an extensive rupture of this protective barrier. The effects of a trauma are thus compared with the instinctual excitations of living substances. While admitting that the traumatic or war dream is not an ordinary wish fulfilment, Freud believes that it fulfils another purpose of developing apprehension which was absent during the causation of the traumatic neurosis, this purpose is preliminary to the pleasure principle and independent of it.

The fifth chapter opens with the following significant statement: "The fact that the sensitive cortical layer has no barrier protecting against excitations emanating from within will have one inevitable consequence: viz., that these transmissions of stimuli acquire increased economic significance and frequently give rise to economic disturbances comparable to the traumatic neurosis." Inner excitations known as the instincts of the organism strive for discharge and can only free themselves through the unconscious. This discharge has to be bound before it can be accommodated to the pleasure principle and a failure of the psyche to bind it would provoke a disturbance analogous to the traumatic neurosis. Before adapting itself to the pleasure principle this unbound impulse follows the lines of the repetition-compulsion. The play of children and the repetition-compulsion appearing in the analytical transference suggest an instinctive characteristic which has been overlooked. "According to this *an instinct would be a tendency innate in living organic matter impelling*

*it towards the reinstatement of an earlier condition—the manifestation of inertia in organic life.”* The repetition-compulsion is manifested in heredity and embryology. The regressive hypothesis is, that all instincts aim at the reinstatement of an earlier condition. The results of organic development would then be due to external, distracting influences and the rudimentary creature would not have wished to change and if circumstances had remained the same, would have continued to repeat the same course of existence. The conservative organic instincts have absorbed the enforced alterations connected with the evolution of the earth and have stored them for repetition. These instincts, while appearing to progress, are really trying to reach an old goal. The goal of life would appear to be an ancient starting point to which the living being endeavors to return. “*The goal of life is death. The inanimate was there before the animate.*” Life is, then, only a round-about way to death. The sexual instinct conflicts with this view in that it aims at potential immortality and protects and favors the union of germ-cells; it is, therefore, the actual life instinct. One group of instincts press forward aiming at death while the other group flies back at a certain point only to repeat and prolong the journey towards the final goal of death. It is possible that the sexual instincts were active and opposed the ego instincts from the very beginning of life.

Freud cannot admit the existence of any impulse towards perfection and fails to see why the development of man should differ in this respect from that of animals.

The ego or death instinct is regressive and conservative, corresponding to repetition-compulsion, starting from the origin of life and the inanimate, and having as its aim the reinstatement of lifelessness. The sexual or life instinct aims at the union of two differentiated germ cells resulting in reproduction and repetition. Freud fails to find an explanation for the important repetition found in reproduction. The explanation of the repetition-compulsion is perhaps to be found in the opposition between the ego or life and sexual or death instincts.

Biologists differ on the question of natural death. Weismann divided living substance into a mortal and immortal half, the germ-cells being potentially immortal. Freud is considering not the living matter itself, but the forces acting on it. Weismann confines his distinction between the mortal and immortal factors only in relation to multicellular organisms, he considers the unicellular organisms to



be potentially immortal because the individual and reproductive cell are the same, death only appearing among the multicellular. Confining it as he does to multicellular organisms, death becomes to Weismann a late acquisition of life. Protozoa are only subject to death in the sense that it coincides with propagation; reproduction disguising death.

Experiments have shown that reproducing protozoa die unless they are subjected to stimulating influences. From these researches Freud notes that animalculæ become rejuvenated if allowed to conjugate before showing signs of age, also that the invigorating influence of conjugation can be reproduced artificially by changing the nutrient fluid. The condition is that under certain circumstances they suffer from the effects of their own metabolism like the higher animals. It is possible, then, that the death instinct may be present in the protozoa but obscured by the life instinct. Biology has failed to disprove the existence of a death instinct.

Freud now carries his speculations still further and suggests that the libido theory may be causative in the relationship of the cells in a multicellular organism. That is to say, the sexual or life instinct present in every cell takes the other cells for its object and helps to neutralize the death instincts. Germ-cells are narcissistic in that they do not sacrifice themselves in their libidinal function. Freud suggests that the cells of malignant growths may be narcissistic in the same sense.

Freud suggests that sadism is really a death instinct displaced or driven away from the ego by the narcissistic libido and becoming only manifest in reference to the object. Masochism is a recoil of sadism on to the ego and may be a regression to the primary condition.

It is a fact that the mingling of two individual protozoa strengthens and rejuvenates just as copulation does, and helps the cells to resist the effects of their own metabolism. The experiment with chemical stimuli shows us that this effect is produced by means of new stimulus-masses. This agrees with the hypothesis that life leads to death from internal causes due to the equalizing of chemical tensions. Union with different living substances increases these tensions. Freud states: "The ruling tendency of psychic life is the struggle for reduction, keeping at a constant level, removal of this inner stimulus tension (the Nirvana-principle, as Barbara Low terms it) expressed in the pleasure principle."

In dealing with the problem of propagation Freud admits that he

is dealing with an obscurity which scientific thought has not dared to handle. In apologizing for quoting Plato he states that this theory fulfils the one condition which he seeks. The sexual instinct may arise, then, from the *necessity for the reinstatement of an earlier condition*. The divided halves of Plato's duplicated third sex *desired to grow together again*. Freud very tentatively asks whether we can follow the clue and believe that at the beginning of life, living substance was divided and ever afterwards sought reunion.

If the repetition-compulsion is so characteristic of the instincts the independence of psychic processes of the pleasure principle is explained. These processes do not necessarily oppose the pleasure principle and the relationship between it and the repetition-compulsion is more or less undetermined. "The pleasure principle seems directly to subserve the death instincts."

In conclusion Freud characteristically admits that he is neither convinced of these views nor seeks to convince others. "I do not know how far I believe in them," he states.

Apart from the main theme of Freud's philosophical and scientific work on this subject, one or two points are worthy of separate consideration. He speculates, for instance, on the useful information to be gained from the analysis of our conscious perceptions of time, unconscious mental processes being in themselves "timeless." Our conscious perception of time may be another form of protection against stimulation.

The suggestion that sadism is really a death instinct expelled from the ego and directed to an object, should also be specially noticed. Eisler thinks that this theory may be justified by a comparison with the oral instinct which, he states, precedes sadism and is directed towards the destruction of the object. In summarizing Freud's references to self-preservative instincts, we notice three main conclusions. First, that self-preservation is connected with the reality principle as opposed to pleasure, which latter principle is useless in preserving the organism. Secondly, that self-preservation is only protecting from immanent death in order that the organism may ultimately return to the inanimate instinctively. Thirdly, self-preservation being connected with the libidinal content of the ego, an interesting biological analogy is drawn between the somatic cell and narcissism. If we admit a libidinal adherence of germ-cells in the individual it may possibly throw light on the activity of cancer cells.

## PRIMITIVE MENTALITY \*

By WILLIAM A. WHITE

Psychoanalytic literature has abundantly emphasized the part played by phantasy in the neuroses and the psychoses and I have taken occasion to emphasize that phantasying is a way of thinking quite different from our usual way, in fact that we think in two quite different ways:<sup>1</sup> first, the usual way with which we are quite familiar. In this method of thinking there is clear consciousness in the sense that the person is definitely oriented toward reality and the thinking is carried on with the exercise of critique and under the control of the processes we term intellectual. Such clear, conscious, intelligent thinking has its motivating incentives in reality. Second, the other kind of thinking which is very different and which takes place without conscious direction or critique, the thinking in which ideas follow one another without selection, coming and going without apparent reason and not corresponding with any relation between the individual and reality. This is the kind of thinking that takes place during dreaming, either in sleep or in day dreaming, at times of mental abstraction, and the thoughts that come at such times are not controlled by intellectual critique but by feeling, in fact they are not thoughts in the usual sense, we call them phantasies and the process phantasying.

Another property of this phantasying is that it is less developed, more primitive and infantile in character than intellectual thinking and because of this fact and the further fact that it is characteristic of the neuroses and psychoses I undertook in my paper "Psychoanalytic Parallels"<sup>2</sup> to draw certain parallels between it and the thinking of children and of primitive man.

A still further implication of these facts is that if one method of thinking is relatively primitive and the other relatively developed

\* Primitive Mentality, by Professor Lévy-Bruhl. Published by the Macmillan Company, New York, 1923.

<sup>1</sup> Dreams: Reference Handbook of the Medical Sciences.

<sup>2</sup> THE PSYCHOANALYTIC REVIEW, Vol. II, No. 2, April, 1915.

then there must be indications that not only are children and primitive men relatively undeveloped in their way of thinking but that there must be a development from their primitive ways of thinking to the more elaborate and controlled ways and this I attempted to show in my paper "Individuality and Introversion,"<sup>3</sup> in which I developed the thesis that the usual distinction between individual and environment is largely artificial and that the concept "individual" as implying this distinction has had a distinct history, an evolution, a point which has been brilliantly elaborated by Freud in his recent "Group Psychology and the Analysis of the Ego," and the further implication that the distinction which has grown up between individual and environment is broken down by introversion, as is particularly well shown in the introversion type of psychosis, dementia precox. I concluded that the individual and the environment constitute the two elements of a dynamic relation, of a constant interplay of forces, in which their relative values are in a constant state of flux.

A still further implication of all this is that we cannot understand the thought of the neurotic and the psychotic, of the child and primitive man, if we undertake to judge them from our own standards, a point of view which has been very elaborately set forth by Jung in his recent work, "Psychological Types," who emphasized the inability of certain opposite types to comprehend each other. The thought of one is incommensurable in terms of the thought process of the other.

Now there comes into this situation Professor Lévy-Bruhl, who in a work of really great importance, "Primitive Mentality," throws additional light upon this intricate problem from the point of view of a study of the mind of primitive man. We have been accustomed to the study of primitive man's thinking processes, especially as set forth in Frazer's "Golden Bough,"<sup>4</sup> through an attempt to understand his customs, but Lévy-Bruhl here and in his previous work, "Les Fonctions Mentales dans les Sociétés Inférieures," undertakes directly the study of the processes of thought as they occur in primitive man, as Freud did in his "Totem and Taboo."<sup>5</sup> The results he has arrived at by this method are both interesting and

<sup>3</sup> THE PSYCHOANALYTIC REVIEW, Vol. IV, No. 1, January, 1916.

<sup>4</sup> Reviewed in THE PSYCHOANALYTIC REVIEW, Vol. III, No. 1, January, 1916.

<sup>5</sup> See also Jung's "Psychology of the Unconscious" and G. Róheim: "Ethnology and Folk-Psychology." Internat. Jour. Psycho-Analysis, Vol. III, Pt. 2, June, 1922.

important and worth such brief comment as may be made upon them in such a review as this plus the suggestion that the book as a whole is well worth careful perusal by all who are psychiatrically or psychoanalytically inclined.

In his previous work the author laid particular stress upon the "law of participation" considered in relation to the "principle of identity," and upon the fact that primitive man pays but slight heed to the "law of contradiction." The present book undertakes more particularly to show the meaning of "causation" to the primitive mind (p. 11).

In order to follow the author as he unfolds his argument it is necessary to understand certain fundamental positions which he particularly developed in his earlier work. The primitive stands in a peculiar relation to his world of reality quite different from the relation as we are accustomed to think of it. The individual, as we think of him, does not exist. As expressed by one investigator of the Bantus: "In the Bantu conception of the cosmos, the individual does not exist; organized collectivity on the other hand is, properly speaking, the only *being* which has a real existence. This is actual, the former accidental; this persists, while the other is transient" (p. 402).

It is because of this lack of individuality, this fact of collectivity, that primitive man as a member of his group thinks and feels as all the other members think and feel, in other words the various individuals think and feel alike, hold common views, beliefs, fears, faiths. These states of mind which are held in common the author calls "collective representations," (p. 5) fully understanding, however, that they "differ profoundly from our ideas or concepts; nor are they the equivalent of them," and further "not being purely representations, in the strict sense of the term, they express, or rather they imply, not only that the primitive actually has an image of the object and believes it is real, but also that he hopes or fears something from it; that some definite action emanates from it or is exercised upon it. This action is an influence, a virtue, an occult power, varying according to its objects and circumstances, but always real to the primitive, and forming an integral part of his representation. If I were to express in one word this general property of the collective representations holding so important a place in the mental activity of undeveloped peoples, I should say that their mental activity was a *mystic* one. I shall use this term in default of a better, not referring



thereby to the religious mysticism of our communities, which is something quite different, but employing it in the strictly definite sense in which "mystic" implies belief in forces and influences and actions which, though imperceptible to sense, are nevertheless real.

"In other words, the reality in which primitives live is itself mystical. Not a single being or object or natural phenomenon in their collective representations is what it appears to be to our minds. Almost everything we perceive in it escapes their attention or is a matter of indifference to them. On the other hand, they see many things of which we are unconscious" (p. 7).

Primitive man, then, not individually, but collectively lives in this world of reality which "only partially coincides with our own" (p. 445) and which possesses an infinity of mystic attributes. As he is not clearly differentiated from his fellows so he is not clearly differentiated from his environment, he is a part of it and it a part of him, he participates in it and the participation is of a mystical character. This is what the author means by "mystic participation." This mystic participation of the individual, possible only because of the lack of differentiation of individual from environment, is of the nature of an interplay of forces whereby the individual projects his qualities upon the environment and introjects the qualities of the environment after the manner described by Ferenczi in his paper, "Introjection and Transference."

A good example of the way the "law of participation" works is the following: "When a Ronga comes back from Kimberley, having found a wife there, both bring with them a little of the earth of the place they are leaving, and the woman must eat a little of it every day in her porridge, in order to accustom herself to her new abode. This earth provides the transition between the two domiciles" (p. 214). Another example of the law of participation is shown in the custom that makes the sowing of the fields a duty of the women. It is "because women are able to bring forth, and are able to command the seed they sow to be productive" (p. 318). Here we have also an illustration of the "principle of identity" and the way in which "causation" appears to the primitive mind.

The particular feature of the book, however, which is of especial interest is the confirmation it affords to several of the tenets of psychoanalysis by examples from the mental operation of primitive man. I will illustrate and discuss several.



## IDENTIFICATION

One of the corollaries of the imperfect development of the concept "individual," of the failure to differentiate himself from his environment, including his fellows, is shown by the ease with which primitive man can identify himself with others. It is the custom in many places, when a man dies and it is suspected that he has fallen a victim to witchcraft, to question the dead man himself in their effort to discover the guilty person. In Tagoland when this method is carried out, "Those who put the questions take a rod about five feet in length and stand on one side. One of them then goes down on his knees, and the rod is placed on his head, one end in front and the other behind. Then he rises, and from this moment he is no longer an ordinary man; he has, according to them, *become the dead man himself*.\* One of the older men among the questioners then makes the necessary inquiries of the dead man, who gives an affirmative reply by raising his head and shoulders, and a negative one by inclining backwards" (p. 176).

Another most significant example is taken from a practice of divination that prevails in New Guinea and which "consists in observing on which side the water begins to boil in a vessel containing certain magic herbs. It is not enough to say that the right side of the vessel 'represents' the enemy, and the left the natives who are making the test. In a way which cannot be made objective to the understanding, nor expressed in language, but which is none the less real, the Papuans identify themselves and identify the enemy, with the respective sides. This side, says the missionary, 'belongs' to them; that is to say, it is theirs, just as their hands, limbs, head, and name are theirs, and 'belong' to them. It is not simply theirs, *it is they themselves*. Whilst the test is being accomplished and they are following its progress with eager eyes, in passionate and often anguished ardor, they feel themselves to be personally engaged. It is something quite different from a symbolic representation, showing beforehand what is about to happen. *It is the warriors themselves in the presence of their enemies. They are actual witnesses of their own victory or defeat*" (pp. 197-8).

## TIME

It is a commonplace in psychoanalysis that in the unconscious there is no regard for the factor of time. We find a similar state of

\* Italics in this and subsequent quotations not in the original.

affairs in the thinking processes of primitive man. This is already well illustrated by the last example upon which and similar examples the author comments by saying, "From these ideas, which are met with almost everywhere, it follows that a war that has been well prepared is virtually won" (p. 330).

The following comments of the author on similar practices of magic before fighting very well express the situation:

"Here we recognize the disposition of the primitive mind to regard, as actual and already accomplished, a future event which, for mystic reasons, seems to be certain. Since magic operations which are infallible have been performed, *the enemy chief is conquered at this very moment, his cattle are already captured. Victory has not only been prepared and prefigured, it has literally been gained.* The fortune of war is not decided on the battlefield where the armies encounter each other; the decision has already been arrived at in the realm of the invisible" (p. 327).

Referring to the previous example of divination by the boiling of water the author says: ". . . as soon as the primitives form an idea of any action of the mystic powers, it is, in their eyes, from that very moment a real thing, even if it is not to manifest itself until later. *Occurrences may therefore be both future and present at the same time.* This simultaneity is not formulated in exact terms in the mind of the primitive; it is simply felt. When the native who is noting, with an emotion which almost amounts to paroxysm, the movements of the boiling water, sees it overflowing on his side, he is *at the same time* present at his own victory. From this moment it is a reality to him, although it cannot take place until he has encountered the enemy. He is not only sure of conquering; he has, indeed, *already conquered*" (p. 198).

Further, in speaking of such tests by divination, the author says, "the successful issue of the test not only informs them that they may now proceed to action (just as the weathercock's new position announces that the wind has changed, and it is now safe to put out to sea). It certainly does that, but at the same time it does a good deal more: *it promises a success which is already a reality*" (p. 199).

#### THE UNCONSCIOUS

There is evidence in the beliefs and practices of primitive man that he takes into account the unconscious, not only the unconscious in the sense of the common features of the racial mind, the "collec-

tive representations," or the "collective unconscious" in the sense of Jung, but also in the psychoanalytic sense as having the meaning of "repressed." It is, of course, too much to say that the savage consciously recognizes the existence of repressed motives but he does act as if he did as illustrated in the following example:

"According to our view of the matter, if it appears that a man has infringed some rule without knowing it, and above all without any means of knowing it, his unavoidable ignorance is nearly always accepted as an excuse. The rule has not been broken in reality, because it did not rest with the man whether it should be observed or not. The attitude taken by primitive mentality with regard to this same fact is widely different. First of all, infringement of the rule brings about the consequences independently of the doer's intentions, and, as it were, automatically. The rain can no longer fall, a tempest rages, the game disappears, not because a woman who was enceinte desired to be rid of her offspring, but because she did not observe the necessary rites when the miscarriage had taken place. *It matters little whether her action was intentional or not.* If the miscarriage were accidental, matters would have turned out just the same. But there is more in it than that. *The absence of intention, in anyone who has been guilty of infringing a regulation, rather aggravates than excuses the fault.* As a matter of fact, nothing happens by chance. *How, then, can a man have been induced to commit a crime without wishing to do so, or knowing that he was doing it?* He must already be the victim of an occult power, or the object of anger which must be appeased—at least (and this is a still more serious supposition), *unless he has within himself, unknown to him, some power for evil.* Instead, therefore, of feeling reassured by the fact that he could not know his wrongdoing when committing it, and that it was consequently inevitable, his anxiety is all the greater. It becomes henceforth indispensable to find out (by divination, as a rule), how it happens that he has been placed in so parlous a state" (p. 272).

Just as the unconscious is timeless so it is illogical or prelogical, as the author prefers to designate the thinking of primitive man. He says "most of the collective representations which engage its attention are of a markedly emotional character, and the preconnections established between them are often prelogical in their nature and impervious to experience" (p. 97). An interesting and instructive example which shows the analogy of primitive ways of thinking to the ways of the unconscious is that of the Indian who attempted to

assassinate Mr. Grubb. It seems that the Indian had dreamt that he had met Mr. Grubb in the forest and been accused of misappropriating his property and been shot by him, he then attempted the assassination. The author comments as follows: "Does he regard the event he has seen in his dream as past or future? Evidently he considers it a future occurrence, since he has not yet sustained Grubb's shot and been wounded by him. But it has happened nevertheless, and therefore his reprisals are justified" (p. 106).

#### THE WISH

There are many interesting and striking examples of the part the wish plays in the primitive mentality. I will cite only a few briefly. Some sixty wives of a prince who had died voluntarily drank poison "from a belief that they had wished their husband's death." Thirty-one of these unfortunate women succumbed, the others, who vomited immediately, lived (p. 343). In Calabon a woman was rescued who had been chained to a log of wood and placed by the water side to await high water when she would be swept into the sea and devoured by the sharks. "I found that she was one of the wives of a chief who had died a few days before, and the brother had selected her to suffer for having wished his deceased brother's death!" (P. 344.) The author comments very illuminatingly on these customs:

"These facts would be incomprehensible if we were ignorant of the collective representations which cause primitives to act thus. In the first place, *the desire in question is not necessarily a conscious wish, definitely formulated*. In a moment of anger and impatience when tortured by jealousy, the wife may have wished that her husband were dead, *without even owning the wish to herself*, or taking it into account" (p. 344). And finally, "according to the Iroquois, every illness is a desire of the soul, and people only die when their desire is not fulfilled" (p. 116).

#### ALL-POWERFULNESS OF THOUGHT

The all-powerfulness of thought especially as expressed by the wish is also numerous illustrated. Preuss is cited in the following comment: "*They attribute quite extraordinary power to words and thoughts. . . . Everything that is done is referred not merely to external activity, but considered as the result of reflection also. The very fact of the action is quite insignificant in comparison, and in a sense it is not differentiated from reflection. . . . Words are not*

regarded merely as a means of expression, but as a method of influencing the gods, *i.e.*, Nature, just like entreaties and music. . . . What the words mean is already realized from the mere fact of their being uttered, supposing, of course, that the necessary magic force resides in the person speaking. . . . In various ways we may see that when man acts, *thoughts take first rank as a means of action*, and that they can even produce their effect independent of the words or the material act" (pp. 346-7). Rivers is quoted as saying that he "was told by two men that they believed that a sorcerer, by merely thinking of the effect he wished to produce, could produce the effect, and that it was not necessary for him to use any magical formula or practice any special rites" (pp. 347-8). A very instructive example is the practice in South Africa, India, and elsewhere, of forbidding anyone to work in the fields when rain begins to fall after a prolonged drought. "As a matter of fact, the man or woman who wanted to work out of doors could not help wishing the rain to stop, and that desire would influence it" (p. 348). An illuminating instance of how wishes may be made to bring results is "in the Ten'a version of the Flood, where, to cause the reappearance of the land, the raven wishes with such energy that he faints from the effort" (p. 345).

#### SUSPICION OF NEAR RELATIVES

We know how the family romance insures a special libidinal cathexis of the nearest relatives and associates and we have learned that many of the manifestations directed towards these near relatives can be explained by the ambivalence of the libidinal charge. We find illustrations of this mechanism in the suspicions that primitives direct against near relatives under certain circumstances. The author recites the case of a mother being condemned to the ordeal for having caused the death of her son by witchcraft and says, "In these communities suspicions are often cast first of all upon the immediate circle or the nearest relatives of the person bewitched" (p. 237). And, further, "Who benefits by the death of a father or a brother? Why, the son or another brother. Consequently when a father is ill, the son is regarded with suspicion, . . ." (p. 238).

A great many additional interesting and instructive examples might be cited to show how impossible it is to judge primitive ways of thinking by the standards to which we are accustomed. Primitive mentality "is but slightly conceptual" (p. 227), is "indifferent to the law of contradiction" (p. 441), and is of "mystical and pre-

logical character" (p. 445). The author comments on this aspect of the matter thus: "If we start from the hypothesis that these primitives reason as we do, represent to themselves as we do, the connection between cause and effect, I venture to say that we must at once give up the hope of understanding them. What they think and what they do, in that case, can but appear absurd and childish in our eyes. But if, instead of attributing to them our own habits of mind, we try to adapt ourselves to their mental attitude, indifferent as this is to the most obvious causal relation, and solely occupied with mystic and unseen forces, we shall find that their way of thinking and acting is the natural and even necessary outcome of this" (pp. 222-3).

The great value of such a work as this to psychiatry and to psychoanalysis is not only its helpfulness in understanding the several mental mechanisms involved which results from seeing them at work in different settings; not only the grasp which it gives to our conception of the history of the psyche, and the confirmation of many clinical experiences; but perhaps more important than any of these reasons from a practical point of view is the assistance it gives in an understanding of many ways of thinking and feeling the history of which is unclear or relatively inaccessible from patient material alone. This is particularly true of all such ways of thinking and feeling that contain archaic components such as the concepts "mascot" (p. 340) and "Jonahs" (pp. 155, 249).<sup>7</sup>

A great deal more might be said about this valuable book but enough has been written to indicate its importance to one who is broadly interested in psychopathology.

<sup>7</sup> See No. 36, Nervous and Mental Disease Monograph Series (In preparation). Storch: Archaic Thinking in Schizophrenia.



## ABSTRACTS

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ABSTRACTED BY CLARA WILLARD

WASHINGTON, D. C.

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1. Metaphysical Supplement to the Theory of Dreams. SIGMUND FREUD.
2. Mourning and Melancholia. SIGMUND FREUD.
3. Dr. C. G. Jung's Psychology of the Unconscious Processes. ADOLF F. MEYER.

1. *Metaphysical Supplement to the Theory of Dreams.*—The purpose of this article is to render clear the mechanism of wish-fulfilling hallucinations. For the better understanding of pathological conditions, says Freud, it is advantageous to draw comparisons with what may be called the normal analogies of these conditions, with mourning, for example, with sexual passion, or with dreaming. In preparing for sleep, people take off the outer covering of their bodies, lay aside those devices of which they make use to replace what is lacking in their various organs, spectacles, false hair, false teeth, etc. We can imagine the psyche going through an analogous process in going to sleep, divesting itself also of acquired complements; so that in both bodily and spiritual sense people find themselves in sleep in pretty much the same condition they were in at the beginning of the developmental processes in life. The physical condition in sleep is a return to the state in the body of the mother—a state of quiescence, of warmth, of withdrawal from stimuli—sometimes even a foetal position of the body is assumed. The psychic condition is one of complete cessation of interest in the outside world. Herein psychoanalysis sees a regression to an earlier developmental period, that of narcissism. The effort of the wish to sleep, however, is sometimes only partly successful, for not all the cravings repressed into the unconscious obey it, and besides there are remnants of the day experiences which retain a certain amount of energy. Though not of themselves very powerful, these remnants acquire sufficient force to destroy the narcissistic oblivion when, in the foreconscious, they are strengthened by affective charges from the unconscious, thus forming the dream wish. This wish, seeking expression, has three possible paths open to it; it might proceed directly from the foreconscious to consciousness, a path

never taken in sleep, however; or, circumventing consciousness, it might find a way directly to motor activity, as in somnambulism; the third path is that really taken in dreams, retrogressively to the unconscious and thence to consciousness, as sense perceptions. The completion of the dream process thus consists in the elaboration of the content, composed of the day remnants and the unconscious craving, into conscious sense perceptions. The wish is hallucinated and is believed to be reality. This latter part of the dream work is the most difficult to understand and receives some elucidation from the mechanism of certain mental diseases. The same processes are met with in acute hallucinatory confusion, in amentia (Meynert's), and in the hallucinatory phases of schizophrenia. The hallucinatory delirium of amentia is so unmistakably a wish fulfillment phantasy that the name hallucinatory wish psychoses may be applied to affections of this sort. The hallucinatory phase of dementia precox has not been so well studied, but as a rule the hallucinations seem to be of composite nature and probably arise from wishes in the direction of restitution, being essentially an attempt to again endow the idea of the object with libidinous affect. The process of hallucinatory wish fulfillment, whether in dreams or elsewhere, is composed of two entirely separate performances. Not only are the repressed wishes brought to consciousness, but they are placed there in the form of having been fulfilled. Freud holds that no one of the factors—that the dream is a conscious wish, that it is a sense perception, or that it is a regression—in itself furnishes sufficient explanation for the belief in the reality of the dream or the hallucination and accounts for the wishfulfilling principle as resulting from a reversional disappearance of the reality test, or capacity of distinguishing real experiences conferring true satisfaction from imagined experiences. At the beginning of our psychic life we do not possess the reality test and the first orientation of the helpless organism in the world comes with the development of the ability to recognize "inner" and "outer," which itself is connected with the power of putting a termination to painful stimuli from the outer world through motor activity. This capacity belongs to the conscious perceptive system and is one of the great institutions of the ego, comparable to the censors between the different conscious systems. Pathological conditions, better than dreams, illustrate the mechanism of the hallucinatory wish fulfilling principle. Amentia, for example, is the reaction to a loss which the reality critique maintains is real, but which the ego denies as intolerable. Hereupon the ego, withdrawing a certain energy charge from the conscious perceptive system, breaks off the relation with reality, setting aside the reality test so that the repressed phantasies surging into consciousness are there valued as better realities. In the dream there is withdrawal of energy (libido interest) from all systems alike; in the transference neuroses, there is withdrawal of energy from the foreconscious; in

schizophrenia, from the unconscious; and in amentia, from the conscious system.

2. *Mourning and Melancholia*.—Freud here compares the normal effect of mourning with pathological melancholy. In descriptive psychology, he says, the idea of depression or melancholia is very indefinite, appearing under a variety of clinical pictures which it seems almost impossible to subsume under a single entity. To gain unity of view he emphasizes the resemblances of the two conditions. The mechanism of mourning may be described as follows: the reality test shows that the loved object no longer exists and gives the command that the libido must be withdrawn from it. This arouses opposition, for human beings do not willingly give up a libido position even when there is a substitute. The opposition may be so strong that there is a pathological reaction—the reality principle is deflected and the object is retained in the form of a hallucinatory wish psychosis. In the normal course, however, the respect for the reality test finally gains the victory. Melancholia may, like mourning, be the reaction to the loss of a real object but in some instances the object lost is not recognized and may be considered unconscious. In mourning there are retardations and loss of interest in the environment for a certain period; in melancholia there are the same retardations and absence of interest, though seemingly without cause. But the symptom which above all others distinguishes pathological depression from mourning is the prevailing idea of unworthiness. Depressed patients believe themselves morally lost, reproach themselves with all sorts of shortcomings, and stand in constant fear of punishment. They extend their self-accusations over the entire past and future, believing themselves wholly beyond redemption. They refuse food and achieve the very remarkable conquest of that fundamental instinct which makes all living things hold fast to life. From the analogy with mourning one would be led to conclude that depressed patients have suffered a loss in the form of an external object; from their own statements it would seem that they have suffered a loss in their own ego—a part of the ego seems to have split itself off, to have opposed itself to another part and to be sitting in critical judgment on that part. From close attention to the complaints of these patients, however, it becomes manifest that the reproaches ill fit the patient's self, or that with slight modifications they fit another person better, someone whom the patient loves, has loved, or ought to love. And here we have the key to the disorder. The reproaches are really directed against a loved object. A real injury has been suffered from this object; disillusionment follows; but the result is not the annulment of the libido; it brings about only a displacement of the same, not in the direction of a new object, but toward the ego itself, where there is an identification of a part of the ego with the object that has been renounced. The shadow of

the object falls athwart an element of the ego, as it were, so that this element is judged by a critical component as an object apart. In this way it is that the loss of the object is transformed into a loss in the ego. The conditions rendering possible this displacement are that the emotional endowment should never at any time have been very stable and that the first choice of the object should have been made on narcissistic grounds. Identification with the ego is the primitive manner of choosing an object and the emotional expression toward the object is originally ambivalent, taking the forms of both tenderness and cruelty, as revealed in the oral or cannibalistic level of the libido connected with taking food. Abraham, therefore, rightly refers the refusal of food by persons suffering from melancholia to a taboo connected with the cannibalistic level.

The ambivalence solves the riddle of the tendency of depressed patients to commit suicide, which makes this disease so interesting and so dangerous. The analysis of melancholia teaches that a person can only kill himself when through the recoil of the emotional endowment belonging to the object the self is valued as an object. In this case sadistic tendencies in the person's self are turned against the ego which has been identified with the object and complete satisfaction of the sadism is found in the self-accusation and attempts at self-injury.

One of the most remarkable peculiarities of melancholia and the one which is most in need of explanation is the tendency to turn into an exactly opposite condition, *i.e.*, into mania. One would be inclined to exclude instances of this sort from psychogenic affections altogether were it not for the fact that psychoanalysis has been successfully used in the treatment of cases with cyclothymic course, thus not only permitting the extension of the explanation of depression to mania, but making this extension imperative. Both affections are due to the same complex, which in depression has overcome the ego, while in mania the ego is triumphant, in analogy with what happens in alcoholic intoxication when the repressive forces are broken down. The obvious ambivalence in melancholia point to the unconscious system as the theater of the conflicting affects. There are three conditions connected with melancholia: (1) Loss of the object. (2) The ambivalence conflict. (3) The regression of the libido to an earlier level. The first two conditions are met with in mourning when pathological features of self-accusation develop, but in these cases the manic phase is never encountered so that this latter reaction must be essentially connected with the third condition, the regression of the libido to the narcissistic level. It may be that the conflict in the ego acts like a painful wound calling for an extreme counteractive energy resulting in the manic phase. The author, however, remarks that more insight must be gained into the economy of the physical processes before they can be used to explain their psychical analogies.

3. *Dr. C. G. Jung's Psychology of the Unconscious Processes.*—The author reviews the position taken by Jung in this article, calling special attention to the points in which Jung differs from Freud. Jung claims that neither Freud nor Adler have covered the whole ground of the unconscious processes. The foundation of Freud's theory (the sexual) is feeling and in his application of it to pathological manifestations he has reference to introversion only. The foundation of Adler's theory is the will, the standpoint of thought, of which the characteristic manifestation is extroversion. Jung feels the necessity of formulating an entirely new theory embracing all forms of psychogenic disturbances. He assumes that the neurotic conflict always arises between a specialized or adapted function and an undifferentiated complementary one, usually in the unconscious. In the introverted type the conflict is between thought and unconscious feeling; in the extroverted, between feeling and unconscious thought. The neurotic conflict declares itself when the person finds himself in a situation where an adaptation which makes demands on an undifferentiated complementary function is necessary. For example, a man who has spent his life in ambitious money making and has acquired power thereby, wishes to spend his money in enjoyment. He enters for the first time upon a situation which he can face only by means of a feeling component and falls into a neurosis because this component in his personality is undeveloped or undifferentiated. The object of treatment, according to Jung's views, is to bring the unconscious or indifferently part of the personality clearly to consciousness, so that it can be used in adjustment to life. It is not possible to call this energy slumbering in the unconscious into activity without assistance, and it is the office of the physician to supply this assistance. All possible infantile affects are transferred to the physician; he becomes father, mother, teacher, etc. He also sometimes becomes a devil or a god, and in this circumstance Jung sees the evidence of a super-personal unconscious, *i.e.*, a collective primitive unconscious. Jung aims not only at a reductive analysis by which the dreams and thoughts are separated into their reminiscent elements, but also at a constructive synthesis of the soul. Dreams are interpreted not merely in relation to past experiences, but they are considered to have a significance for the future of the dreamer, and to indicate mental tendencies which may be used for the better adaptation of the personality. In the unconscious where these dreams and conflicts originate, are found not only personal remembrances, according to Jung, but an entire domain, hitherto undiscovered, which embraces the experiences of countless centuries in a complete phylogenetic history.

Meyer states that from Jung's present work he can draw no other inference than that Jung, partly because of ignorance of Freud's views and partly because of resistances in his own personality, has utterly failed to grasp the idea of the unconscious and the importance of re-



pressions. However, as Jung seems to be sincere, his claims that his conclusions are in advance of Freud's views may be modified by a better acquaintance with the real scope of Freud's discoveries.

### International Journal of Psycho-Analysis

ABSTRACTED BY SMITH ELY JELLIFFE, M.D.

(Vol. II, Part 2, June, 1921)

1. ROHEIM, G. Primitive Man and Environment.
2. STÄRCKE, A. The Castration Complex.
3. Shorter Communications. COLE, E. M., Flute Playing Symbolism; BRYAN, D., Word Play in Symptom Formation; BERKELEY-HILL, O., Symbolic Use of Figures.
4. Collective Reviews: Normal Psychology; Mysticism and Occultism; Book Reviews; Society Proceedings.

1. ROHEIM, G. *Primitive Man and Environment*.—The author first discusses the phenomenology of totemism which is defined as "the belief in the existence of a specific magico-religious connection between a human group and a natural species." This may be assumed to be an expression in the language of unconscious symbolism of the "unity which connects human life with Nature." The biological connection, intellectually speaking, is quite evident, but the endopsychical knowledge of such a relationship is projected into the belief of a "magical bond." The many imitative ceremonials of animal actions as adaptive-protective mechanisms, offer evidence of this subjectively felt kinship. Biologically conceived, in Semon's terminology, "the engramme of former 'changes' are handed down and survive as beliefs in the possibilities of further change."

He then discusses Identification, in which the universe and a dwelling are made one, and then is dealt with in the unconscious of the primitive as the world surrounding him like a second womb. Thus the numerous rebirth ceremonials, and the rebirth symbolizations in psychic stereotypes and in dream activities. Roheim gives a number of illustrations and relates migrations with the home totems. Cave dwellings are extensively dealt with from the viewpoint as offering special analogies to antenatal experiences and the unconscious influence of such experiences with choice of dwellings. Many cave legends are dealt with in the elucidation of the theme. Similarly the tree dwellings of certain tribes need more study and if *Pithecanthropus* was a tree dweller, Roheim allows himself the suggestion: "As the *Pithecanthropus* inhabited trees before he descended to the earth, this descent is assimilated to the birth of the individual which is once more a repetition of the birth of



the human race. The tree in which man lives before he is born is the maternal womb, and hence the substitution of the tree for the mother in unconscious symbolism is the breaking through of phylogenesis under the super-structure of ontogenesis."

Space conceptions are then taken up. Higher and lower come to express grades in social status just as older and younger; the older are *above* the younger—the "old man worship" represents the survival of the infantile attitude towards the father. Hence above and below; Heaven and Hell are natural radiations. The primitive parallels are abundantly cited and show the development of the "gigantic shadows of our Self as conceptions of the environment."

2. STÄRCKE, A. *The Castration Complex*.—Defined by the author as the "network of unconscious thoughts and strivings in the center of which is the idea of having been deprived, or the expectation of becoming deprived of the external (male) genitals." It is a general, possibly a universal complex, but varying greatly in its dynamic potential. Other authors have combined the idea of "punishment for a sexual offense" as a part of the complex, but Stärcke does not believe this is necessary. The castration wishes, and ambivalent fears he groups under four classes: (1) I am castrated (sexually deprived, slighted), I shall be castrated; (2) I will (wish to) receive a penis; (3) another person is castrated, has to (will) be castrated; (4) another person will receive a penis (has a penis). The first of these types he says are manifest as wishes, strivings or fears. The fourth corresponds to the infantile theory of the "woman with a penis."

The complex is usually traced to a "threat." Freud's "Kleine Hans" affords an interesting analysis and opens up for the author four general problems: (1) "any" threat is usually in phantasy referred to a "sinful" place. Genital manipulations being frequent, the localization of the "sin" becomes evident. (2) Cleanliness and the genitals are early sources of ideal linkage; conflict between attendant and child early focuses on this ceremony and transgressions here early lead to fixation. (3) Localized inflammatory disturbances occasionally determine the punishment anxiety; and (4) actual and universal situations. It is to the latter the paper is specially directed.

The complex, Stärcke holds, has a positive side. The penis is put upon the body in places where it does not exist and the first universal identification is the nipple. "The withdrawal of the nipple" as the first "unlust" symbol is here regarded as of importance in the development of the content of the castration thought. He gives several dream fragments indicating the mechanism; one of his own being extensively utilized in which oral-eroticism and the castration complex have a common meeting ground. Thus the incest phantasy—my penis disappears in my

mother—is another way of saying—my nipple (mother's nipple in my mouth) is again "lost" in the "mamma."

In order to arrange the material the author has recourse to Semon's mnemonic hypotheses. The "memory of having possessed a nipple-like organ, is an early deposit." Stärcke develops two interesting later evolutions out of the oral-eroticism as exemplified in the smoker who wants the "form," and the candy eater who wishes the "gustatory" repetition.

Weaning as a necessary activity would make the castration complex universal. The breast feeder and the bottle feeder must have different and important conditionings. The author illustrates the participation of the castration complex in a compulsion neurotic with irregular weaning as an important constituent. Similar situations come out—are *ecphorisiert*—under any loss stimulus and in the depressed-manic the castration complex appears in the oral-erotic stage. Thus the whole nursing formulæ become of transcendent importance.

The infantile theory of the "woman with a penis" may originate from the nursing infant situation. The mother-complex also has an important source in the breast situations. The author also believes that sadism and the breast situation may be intimately related. This in certain cases in which nursing is attended with considerable pain to the mother by reason of cracked nipples or other difficulty. The perception of this pain reaction on the part of the infant is sufficient to overdetermine the sadistic association. Biting of the nipple is another variant; striking the breasts another. By reason of the early predominance of the sucking activity, this oral-erotic domination makes the nipple-penis connotation of transcendent value. As the author puts it, "the nipple in the form of its later double, the penis, is preserved as the center of one's own personality, and an injury to it is felt as a severe injury to the ego itself. The withdrawal of the nipple is the primitive castration activity."

3. *Communications: Flute Playing Symbolism.*—The short note after calling attention to the more obvious phallic and flatus symbolic distortions gives a partial dream analysis which showed a flute playing dream to represent a micturition—i.e., urethral-erotic activity.

*Word Play.*—This short note refers to a patient who had a pain in his knee. He called it a "psychical knee." He later associated the knee with a prostitute, for while pronouncing "poor knee"—the Greek word "porne" for prostitute entered his mind. Thus the pain in the knee could be analyzed to represent (1) to have a prostitute; (2) punishment for the wish; (3) the wish to be a prostitute himself.

#### 4. *Collective Reviews.*

(Vol. II: Parts 3, 4: Sept., Dec., 1921)

1. A Man's Unconscious Phantasy of Pregnancy in the Guise of Traumatic Hysteria. M. J. EISLER.
2. On the Technique of Child-Analysis. H. v. HUG-HELLMUTH.
3. The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindus. OWEN BERKELEY-HILL.
4. The Significance of Psychoanalysis in the History of Science. J. S. VAN TESLAAR.
5. Anal-Erotic Character Traits in Shylock. I. H. CORIAT.
6. Psychoanalysis and Psychiatry. A. STÄRCKE.
7. Communications: M. R. C. MACWALTERS, A Birth of the Hero Myth from Kashmir; E. JONES, Persons in Dreams Disguised as Themselves; J. RICHMAN, An Unanalyzed Case, Anal-Erotism, Occupation and Illness; A. STERN, Some Remarks on a Dream; MARY K. ISHAM, Example of Displacement of Original Affect Upon Play; J. MARCINOWSKI, Two Confinement Dreams of Pregnant Women.
8. Collective Reviews: Sexual Perversions.

1. *Traumatic Hysteria with Unconscious Pregnancy Phantasy*.—The author subtitles this paper, A Clinical Contribution to Anal-Erotism. Prefacing his remarks by reverting to Freud's 1908 generalizations concerning character and anal-erotism Eisler calls attention to the difficulties in the elucidation of this important topic which have been encountered since this early presentation. Notwithstanding these the past fifteen years has been an increasing presentation of the many subtle ramifications growing out of this primary constellation. Still many phases are lacking, and the author would emphasize one, namely detailed presentations of the circumstances of anal-erotism. With this in view he describes his own case of a severe neurosis erected upon a fixation of anal-erotic components—the analysis occupied at least seven months—and, from the therapeutic point of view was satisfactory. A thirty-seven year old tramway employee fell from a car while in motion, sustaining bruises of the left side of the body of a slight nature although he lost consciousness at the time. After three weeks' hospital treatment, with complete medical, surgical, and X-ray examinations, he was pronounced cured. He soon developed pains in the first ribs of the left side, which steadily advanced towards chronic fortnightly attacks lasting 14 to 16 hours, during which boring pain "as if a solid object sought egress" was manifest, followed by

exhaustion. After three years of variable treatment and continuous examinations a diagnosis of traumatic hysteria was made and analysis begun. The details of the analysis can not really be abstracted. They must be read. An initial phase of a stormy transference is presented, with various symptomatic acts. One of these showed definite passive homosexual trends. Later a gentler and more rational transference was manifest and the dreams changed slightly. Flying dreams appeared, interpretable as means of compensation to the treatment. The patient's personal traits were of much interest, methodical, practical, ambitious and a leader in his group, he had power with amusement, even if deficient in style. Self-taught and acquisitive, he collected a manuscript library of ideas, poems, and striking sayings and kept them evolving in different new volumes. He was orderly in his bank sheets and had a penchant for neatness in his writing and bookkeeping, all indicating a fair degree of sublimation of the anal-erotic trends. Natural history and evolutionary questions of a more or less superficial kind interested him. His early history is given with definite grandparent constellations; his grandmother accidentally stepped on his thumb, which had just stopped its oral-erotic activities. She also played a part in threats—castration. Certain tooth symbolisms were connected with the grandmother. Grandfather and father stood for manliness and independence. At fourteen he was made a baker's apprentice; he liked kneading dough and was fond of cooking. As later chemical assistant aromatic and scented fluids interested him. After a love disappointment he entered the train service. Initially a driver, having cut a man in two, as a major incident in a number of minor accidents, he regressed to a conductor. At twenty-four he married. No children were born.

In the analysis it was surprising to find that the X-raying was of more importance than the accident. He was much taken with the procedure and as part of its operations expected "an instrument to be thrust in his loin." This in the unconscious was greatly elaborated and constellated about the passive homosexual phantasy. The pain attacks seemed to follow a definite ritual. He became silent and irritable, being sharp and curt to his wife; women irritated him, even at the hospital. Constipation was marked; he passed wind and bowel movements were resumed.

The whole pantomime impressed the author as a birth phantasy. At first conceived of as ridiculous the author notes, in a footnote, p. 265, that a colleague intuitively came to a somewhat similar conception. Early childhood memories were now evoked which were relatable to the pregnancy phantasy. Further an early peculiar bowel difficulty could be interwoven in the history. It took place about the time of his marriage and was treated by various means. Stomach lavage was among them. Analysis revealed its fellatio importance. The spastic constipation

which then developed could be understood as a displaced resistance to the homosexual wish. Naturally suppositories were very intriguing and were used by the attending doctors for some time.

The marriage situation was complex. Childless himself, an illegitimate girl had to be reckoned with and he later took her into his home. This constellation is rich in determinants and cannot be reproduced here. This takes up Part I of the author's presentation. Part II, 16 pages, deals with deeper layers of the analysis, which can be here presented only in the author's own final summary:

"I will now attempt a brief survey of the case. At the beginning of analytic treatment, the case appeared one of hysteria due to shock. Gradually it became evident that not the actual accident, but an unimportant experience in hospital treatment (X-ray episode), the significance of which had been reinforced by important experiences in childhood and puberty, undoubtedly counted as the immediate determining motive of the illness. It was the business of the symptom that arose from this to indulge a passive homosexual wish-phantasy, and at the same time the neurosis mobilized a multitude of anal-erotic memory-traces which took the lead in giving shape to the symptom. A memory became operative in the attack, namely that of the childbirth observed in childhood, which, ranking as an outstanding experience, had already in its time led to powerful repression of allied memory-traces (his own mother's frequent childbirths) of even earlier years. These actual infantile experiences were closely bound up with the predominant activity of one of the component instincts. The immense contribution of anal-erotism to the patient's sexual constitution was discovered, and by ascertaining piecemeal its former and current derivatives, the libidinous fixations and their transmutations into character traits, we eventually obtained access on the one hand to the elementary sources from which the neurosis derived its energy, and on the other achieved the gradual dissolution of the repressions that had been pathogenic. Although the dispositional factor of the libido had remained sufficiently prominent to contend against normal sexual development, the other symptoms of the disease had become so unbearable that they compelled him to show the necessary patience and endurance to put the analytic treatment through to its end and this made a satisfactory result possible. The peculiar psychical material that came to light must stand as evidence of the degree of thoroughness with which I treated the case."

2. *Technique of Child Analysis.*—"The answer to technical problems in psychoanalytic practice is never obvious." The author utilizes this statement of Freud's in an introduction to this interesting paper. The aim of child analysis is character analysis—in other words, education. A special technique is required since (1) the child does not come of his

accord, as the grown-up does, but owing to the wish of his parents and only then (and herein he resembles the grown-up) when other means have proved futile; (2) the child is in the midst of the very experiences which are causing his illness. The grown-up suffers from past experiences, the child from present ones; and his ever-changing experiences create a perpetually changing relationship between himself and his surroundings, and (3) the child (unlike the adult man, but very often in accordance with the attitude of women patients) has no desire at all to change himself, or to give up his present attitude towards his external surroundings. A proper psychoanalysis can usually be carried out only after the seventh or eighth year. Even here certain deviations from the routine are advisable. Generally speaking, two groups are separable, those who know from the beginning, or soon learn, in what the treatment consists, its aim and its object, and those others who, owing to their age, or to the fact that they do not personally suffer from their symptoms can not be enlightened as to the object of the analytic treatment. These can believe in the motive of play or instruction or interest on the part of the analyst. The open free association method can be carried out in the former group; in the latter it is of little avail except upon opportune occasions. Three to four hours a week are desirable and great punctuality in the treatment is to be insisted upon. The child should not go at the first consultation with the parent. The treatment is best carried out in the patient's house and first hour with the child should be had there as well. When with a positive transference the patient wants to come to the analyst's house it is better to refuse.

The chaperoning of the child to the analyst's house is often a strong motive to discontinue on the part of the parents. Children often develop anxiety situations when forced to lie down during the treatment. Seduction phantasies are frequent, especially in adolescents when they lie down. "I have never noticed that the success of the analysis is in any way imperilled by the fact that the analyst faces the patient." The first hour is as important for rapport as in the case of the adult. With obstinate or sulky children ruses are necessary. Telling of the misdeeds of other children is a frequent open sesame. Entering into the child's play with special regard to symptomatic acts is often of great assistance. The author gives several clever examples. The numerous short comments on cases are particularly pertinent and show how resourceful and catholic the child-analyst must be. Technical terminology, *œdipus complex*, etc., is not necessary, yet the general situations behind these generalizations must be fearlessly entered into. The idea of resistance is often quite easily explained. Positive transference is usually not difficult to get. The fear of being deceived is a not infrequent form of the negative transference. The relation to the family is of special import. Here miraculous cures are looked for. The parents set time limits. What they



have managed to do wrong in terms of years, they expect to have reversed in as many minutes. The insight into the parents' bad management of the children is a special matter of annoyance to the parents and fosters many resistances. The ugly family situations revealed in the analysis contribute to these. The overanxious attitude of the parents to hurry up matters is a source of great trouble. So often during the treatment do the children seem to be worse that the parents are particularly hard to manage. In fact, as in adult analysis, the family is the chief stumbling block to successful therapy. The narcissistic jealousies of the mother particularly when she notes the influence of the analyst are often sufficient to dump the appleeart, unless the analyst can show the mother its transient character and its importance to the mother herself. Questions to the parents regarding the child's "nasty habits" are to be avoided. No one can analyze his own child. The knowledge obtained from child analysis the author sums us as follows: "Almost always we find mistakes in education, through which a bad disposition or a harmful experience, instead of decreasing in destructive effects, is fostered. Too much strictness on the one hand, and too much leniency on the other, with nearly always a lack of consistency in the upbringing, bring about these evils, from which both parents and children alike suffer. If the parents themselves were analyzed, in all probability fewer children would be in need of analysis."

3. *The Anal-Erotic Factor in the Religion, Philosophy and Character of the Hindu.*—"No one who has made even a superficial study of the customs of the Hindus, still less any one who has come into actual contact with them in India, can fail to be impressed with the length and depth to which ideas of 'defilement' have come to permeate their existence. Ceremonial 'purifications' of all descriptions have played, and continue to play, important parts in the daily routine of mankind throughout the world, but it is unlikely that any people at any time in the history of the human race has either the desire for the avoidance of contact with 'impurity' as well as the desire to remove the minutest trace of any such impure contact risen to be such an overwhelming obsession as it has done among the Hindus." This general situation affords the author, he believes, an excellent foundation for the study of sublimations of, or reaction formations against, anal-erotic impulses. The general outline as laid down by Freud is followed and the author would apply the principles to the Hindu cosmogony and the character-complexes of the "Hindu." He begins with "caste." At its very foundation lies the "pollution-complex." A class of "untouchables," the outcasts, thus gets "shut out in their filth and in their poverty." The author goes back into the history of the Hindu religions and philosophies to show how this system arose. In the Gods of the Vedas, Agin, Indra and Surya, asso-

ciations with the "flatus" complex are quite evident. The author utilizes Jones' penetrating analysis of the Holy Conception showing the analogies with Kunti, the wife of Surya, the Sun God who gave birth to Karna through the ear. The singing chants of certain liturgies are very characteristically related to the same "flatus complex." In Yoga and asceticism in general another anal-erotic type-complex shows itself. Here the control of the sphincter plays a large rôle in infantile power complex. Thus in the asanas or postures, 84 in number, one can see the chief feature of the complex. Perineum pressure is an integral part of the most important of these and breath exercises are really efforts to direct flatus into a most elaborate quasi-philosophical system. The object is purification. In Brahmanism, the flatus complex masquerades as a metaphysical spirit "Atman." In the excessive ritualism of Brahmanism the classical pedantic-compulsive anal-erotic component is evident. In philosophical Brahmanism the Upanishids, the purity-impurity accents regarding the body and its formation again point to the anal-erotic component.

The author discusses then other aspects of the religion. The *time* periods, "thousands of golden ages," "millions" of swargas and "ten million" royal deities; this great propensity to juggle with enormous arithmetical quantities—these he very clearly relates to the plastic moulding capacities of the early anal activities. In the laws of Man, oughtness, mustness, duty, and the whole of life's ceremonies lived according to a rigid pedantic plan with the thousands of rules, these all are strongly pervaded with the anal-erotic sublimations and reaction formations. Thus 23 rigid rules attend an act of defecation, ten for the cleaning of the teeth, and thus the ceremonials have been built up with a rich collection of reaction-formations about cleanliness "inside and out." Only a compulsion neurosis can equal these interesting orthodox activities. The "Omnipotence of Thought" is continually coming into view and the author shows precise parallels in the religious ceremonials with Ferenczi's keen outline of infantile developmental phases—Omnipotence by magic gestures, Ferenczi's third stage, is recognizable in many ways.

The author now turns to character and temperament traits, making use of Jones' study of the keeping back and producing aspects of the anal-erotism. Parsimony as a characteristic character trait of anal-erotic origin is seen to perfection in the niggardly, avaricious Hindu. Kipling, in his "From Sea to Sea," gives an inimitable picture of this hoarding trend. The passionate tenderness to symbolic objects, especially children, as Jones vouches for, is another of the anal-erotic manifestations particularly emphasized among the Hindus. Children and feces are quite plainly symbolically collated in many of the myths—The Birth of Ganesh, from the feces of his mother, being one cited. Fecal charms to cure sterility are widely employed. The pedantry and orderly ritualistic cere-

monial is another of the classical anal-erotic traits in its retaining aspect. Various spattering, staining impulses are frequent, by acids, chemicals, dyes, etc., and show the positive aspects of Jones' giving out types. Again, the great passion for moulding, brass, etc., has been a Hindu trait for centuries. "Oppressive confusion of ornament with an insensate distortion of the human figure," this is a strongly accented character trait of anal-erotic origin. The actual filthiness and ragged improvidence of the Hindu is a striking ambivalent to the ritual of cleanliness. The Hindu is greatly shunned, the author states, because of the unconscious antagonism to their many anal-erotic manifestations. In Jones' masterly summary of the advantages and disadvantages of the evolutions of the anal-erotic traits, the author states the Hindu has all the disadvantageous ones, irritability, bad temper, unhappiness, hypochondria, miserliness, meanness, pettiness, slow mindedness, tendency to bore, the bent for tyrannizing and dictating, and obstinacy. All these the author shows the Hindu possesses in great measure in a most convincing manner.

4. *The Significance of Psychoanalysis in the History of Science.*—This is an interesting general essay of appreciation of the work of Freud as a pioneer genius, who has changed the entire outlook of psychological science in as thoroughgoing a manner as Newton did for physics or Darwin for biology. This is the burden of the opening section of the thesis. In a second section he would relate Freud's discoveries to their background and gives a brief résumé of the evolution of biological conceptions antedating Freud's contributions. There is little not the common knowledge of all in this quite readable essay.

5. *Anal-Erotic Character Traits in Shylock.*—Coriat here subjects the Merchant of Venice to a partial analysis. Coriat comes to an issue with previous critics who have made Shylock a typical Jew, whatever that may be—he says that, psychoanalytically studied, Shylock is a universal type. His love for money and revenge are the usual anal-erotic tendencies seen in all people.

6. *Psychoanalysis and Psychiatry.*—As yet psychoanalytic therapy for the frank psychoses has not been as effective as in the transference neuroses. Nevertheless the entire psychotic fabric has been vastly modified and newer interpretations of psychopathology are numerous as a results of Freud's stimulus. The author here speaks of the nonanalytic psychiatrist when he speaks of psychiatrist and analyst as dissimilar in their nature. He has in mind the true descriptive psychiatrist more interested in diagnostic and social than in psychopathological problems. He aptly terms much psychiatry as glossolalia. Freud's denial of his narcissism gave more libido to the object—scientific insight—and

enabled him to break through prevailing modes of expression, such as rich literary acquaintance, overcoming taboos of other languages, working with developing rather than fixed logical systems, the absence of "replies to the preceding reply," the replacement of the antithesis "either or" by "and-and." Freud's accent was on the investigator, he needed improvement. He must forego his narcissism if he were really to be an investigator, the analyzer needs to "know himself," else he is helpless in knowing his neighbor, sick or well. The psychotic field is not really as difficult as it has been imagined. Psychological fossils here lie on the surface but the nonanalyzed individual can not see them in their true significance. It is chiefly because of this that such a painstaking series of "tests," as for instance Sommer of Giessen has devised, are sterile. The author illustrates the differences of information derived from a questionnaire and that from a simple analytic approach to the problem. The results were absolutely dissimilar. The difficulties, almost insuperable, in institutions for the establishment of the right kind of transference are very keenly outlined. "Sublimation" as an arrogant assumption of a philosopher might better be replaced by "taming" or "domestication." It smacks a little too much of individual narcissism. Personal judgments of value are to be avoided.

"The psychoanalytic psychiatry which has developed from the Freudian behavior" psychology of the human being has further aims. It should not be forgotten that it has a double task. When the analyst teaches the individual to limit his libidinous expressions to what is allowed by society, and to lead the infantile fixed libido again to civilized aims, and educates him to endure mental privation, he has then a second more comprehensive duty towards society, which, although dictated by the same healing endeavor, leads in an opposite direction. He must reconcile society with the libido, with death, in short, with the unconscious." "This, then, will be the last and practically important consequence of the difference between the psychiatrist and the analyst. The old style psychiatrist is a servant of the censorship, an instrument of society he treats the 'outcasts.' The analyst who has here and there to some extent pushed aside the barrier of the censorship in himself, should use society itself as an instrument for social progress, he must serve society without reference to the censorship." The reality-principle protects against dangers of a direct kind which threaten from without, the pleasure-principle against the inner danger of overloading and against remoter biological dangers. To the neurotic the disadvantages of the pleasure-principle are made clear, to society the disadvantages of a too exclusive homage to the reality-principle must be brought forward. *The normal being, of whom we know least of all, must be discovered, and if necessary cured.* (Italics ours.) (Compare reviewer's use of the title, "Ibsen, the *Apostle* of the Psychopath, 1909.)

Stärcke then deals with "The Relations Between Neuroses and Psychoses." "Society considers as mad him who threatens to reveal to men its unconscious and knows no other defense against such revelation than to isolate the madman." This quotation alone indicates the extremely valuable nature of these three pages which defy condensation and should be read in the original.

The "Normal and the Abnormal." The uselessness of this antithesis the author abundantly shows and we can not condense. "The mental life of the normal person is a symphony of single performances of the various stages of development. Some of the stages, like sleep, are extremely deep regressions, surpassing the severest psychoses in depth and strange to say, often absent in these latter." This we hold is sound doctrine to chew upon.

In section III of the paper on Metaphenia, Stärcke develops along the line that the "civilization of the white race is a morbid one." (Do we need the World War to prove it?) He would attempt a more precise diagnosis of this "civilization disease" as Freud in 1908 gave an idea of it. It is analogous to an "obsessional neurosis" in which the striving for "time and money"—two anal-erotic factors, characterize civilized society Hygiene and Cleanliness—seek to exclude love and work. Recreation seems to be the only field left for gratification. "The civilization of the period of industrial production corresponds to a regression to the second pregenital organization of the libido." Again the original must be read to comprehend this.

Section IV deals with Regression. "Civilization demands regression. All those who have not sufficient fixation on the second pregenital organization of the libido will have difficulty in conducting themselves socially." The psychotic refuse flatly the ethical (social) suppression of impulse, the neurotic makes a compromise, the normal submits to society or forces society to submit to them. This is but a thumb sketch of this highly original section.

Clinical facts deal with "Psychotic symptom complexes, neurotic symptoms, mild psychotic signs in neurotics, signs of illness in other directions." The difficulties and dissolving perspectives, Stärcke deals with under Freud's classification of the Clinical Entities in which he makes an effort to show how radical the new alignments are and also how as yet they lack descriptive possibilities in spite of the statement that Freud has given the solution to the impasse. He has shown the new direction but the syntheses are as yet fluid. For the present it seems one can generalize upon the following groups: (1) The actual neuroses, anxiety neuroses, neurasthenia and hypochondria. The symptoms are derived from or are direct accompaniments either of sexual (unconscious) stimulation or exhaustion, or of the extraordinary charge of libido of other erotogenic zone. (2) Transference neuroses, conversion



hysteria, anxiety hysteria and obsessional neuroses—further elaborations of anxiety through conversion, protection formation phobias and reactive formation. (3) Other less known transference neuroses, which as restitution attempts in paraphrenia (schizophrenia and paranoia) and other psychoses lead the libido again to objects and receive their particular character through the great quantity of negative libido with which they have to deal as well as their permanent tendency to return to narcissism. (4) The narcissistic neuroses—results of the regression of object-erotic quantities to narcissism—as they are found in rather pure forms of paraphrenia, but also as one of the chief constituent parts in the other psychoses; and (5) the hallucinatory wish-psychoses, constituent parts of amentia, dreams and paraphrenia. The author's striking analogies as applied to the "normal" individual is of interest. Metaphrenia, the "normal" phrenias of those obsessed by "time and money" compulsions, consists of (1) the remainder of the earlier phases, orthophrenia, (2) an obsessional neurosis (products compulsion), (3) a narcissistic neurosis (idealism), (4) an anxiety hysteria (overdeveloped hygiene, etc.), (5) transference neuroses of the second group (domestication, formation of the State, etc.).

The further developments of the author's theme must be left to a reading of the original stimulating and original article which closes with this sentence: "At the present time when equilibrium is so unstable, we, too, are responsible for the coming reconstruction, and the demand must be made that not only should man adapt himself to society but that society should adapt itself to the peculiar needs of man."

7. *Communications.*—MacWalters gives a parallel to the Myth of the Birth of the Hero in the Myth from Kashmir; E. Jones gives some interesting illustrations of dream analyses in which the dreamer himself is disguised behind some other figure. J. Richman deals with some analytic fragments from the history of a man of sixty-five with bowel trouble, diarrhea and prolapse of the bowel, with no solid movements after the conception of an only son in which he ingeniously shows the anal-erotic components. A. Stern contributes a short dream analysis, and Mary Isham gives an example of how a child occupies or sublimates its play feelings or impulses with what has been hindered from expression. J. Marcinowski contributes two confinement dreams in pregnant women.

#### 8. *Collective Reviews.*



## BOOK REVIEWS

HUMAN EFFICIENCY AND LEVELS OF INTELLIGENCE. By Henry Herbert Goddard. (Fifth Printing.) Published by the Princeton University Press. Princeton, 1922. Pp. 128.

Perhaps the best way to give an idea of the contents of this very interesting and thought provocative little book is to quote in full the résumé of the author:

"In this course we have tried to express our conviction that every human being reaches at some time a level of intelligence beyond which he never goes; that these levels range from the lowest or idiotic, to the highest level of genius. We have indicated without going into great detail that the number of people of relatively low intelligence is vastly greater than is generally appreciated and that this mass of low level intelligence is an enormous menace to democracy unless it is recognized and properly treated. We have tried to show that the social efficiency of a group of human beings depends upon recognizing the mental limitations of each one and of so organizing society that each person has work to do that is within his mental capacity and at the same time calls for all the ability that he possesses.

"In our third lecture we have tried to show that the failure to appreciate this fact and control it, has resulted in a vast amount of delinquency, and that such delinquency impairs the efficiency of the total group to an extent little appreciated. We have pointed out that the intelligent group must do the planning and organizing for the mass, that our whole attitude towards lower grades of intelligence must be philanthropic; not the hit and miss philanthropy with which we are all too familiar but the philanthropy based upon an intelligent understanding of the mental capacity of each individual. And finally we have attempted to show that democracy is not impossible even in a group with a large mass of people of relatively low mentality, provided that there is a sufficiently large group of people of high intelligence to control the situation; and provided further, that that group has the right attitude toward those of less intelligence. That that attitude is best expressed by the one desire to make all people happy; which does not mean, as socialism is too apt to claim, that all people are to be treated alike. Children are not to be made happy by placing them in the same level as adults. Even in a democracy where every person has the right to vote for those who shall rule over him, the masses will vote for the best and most intelligent if they are made to feel that these same intelligent people have the welfare of the masses at heart. The only way to demonstrate

that, is for the intelligent to understand the mental levels of the unintelligent, or those of low intelligence, and to so organize the work of the world that every man is doing such work and bearing such responsibility as his mental level warrants."

WHITE.

THE DEPTHS OF THE SOUL. Psychoanalytical Studies, by William Stekel, Ph.D. Published by Moffat, Yard & Co., New York, 1922. Pp. 216. Price \$2.50. (Translated by S. A. Tannenbaum.)

THE BELOVED EGO. By William Stekel, Ph.D. Published by Moffat, Yard & Co., New York, 1921. Pp. 237. Price \$2.50. (Translated by Rosalie Gabler.)

These two little books are really not connected expositions of any particular subject, but rather series of essays, each complete in itself, and referring, of course, in a general way to the subject matter as set forth in the title. They contain a great deal of valuable information for the average reader about the way in which our mental machinery works and are written in an easy literary style that makes the assimilation of the facts set forth a pleasurable diversion.

There is so much knowledge in the world and it is so irregularly distributed that it seems almost a hopeless task to ever get it all working to any particular end. Wisdom is incorporated in various dilutions in all sorts of popular sayings, it comes in varying quantities to each of us as the result of our several life experiences and it is used in this fragmentary way after a fashion. We listen to a man of the world who tells what he has learned and though we listen with respect, what he says is soon forgotten, and any wisdom which he has sought to communicate is never embodied in our living. One of the reasons for this must certainly be that we have no filing device, as it were, in which we can catalogue this wisdom and to which we can turn in our hour of need and be sure of finding it; nor, on the other hand, have we any measuring rod with which we can estimate its value. Filing devices and measuring rods are essential if this scattered knowledge is to be made common property with any chance of being put to practical use in our living.

Dr. Stekel in these two little volumes does a real service to the man in the street by examining a lot of the commonest conceptions and in short and pithy chapters pulls them apart, examines them, indicating the elements of truth and of falsity. It is true that in many instances the analysis may seem superficial, but it is done by a man whose writings attest to the fact that he has profounder depths of knowledge than are communicated in these writings, and therefore it is to be presumed that they have been called into play in what he has said.

As a sample of some of the homely questions that are discussed, are the

following: Gratitude and Ingratitude, Laziness, Independence, Jealousy, Eating, Dead Heads, Why We Travel, Why They Quarrel, etc., in the former of these volumes; and the Fight of the Sexes, Aims in Life, Doubt, We and Our Money, Envy, Impatience, Holidays, in the latter.

WHITE.

THE NEW PSYCHOLOGY AND THE TEACHER, by H. Crichton Miller.  
Published by Thomas Seltzer, New York, 1922. Price \$1.60. Pp. 225.

Popular psychological literature, particularly popular psychoanalytic literature, continues to be run off the press uninterruptedly. On the whole, the tendency of such literature is good, and it is particularly gratifying to notice too that on the whole its quality is improving. This little book testifies to the improvement of quality. It is by no means an ordinary popular work setting forth the principles of psychoanalysis. It is an admirable book in which an immense amount of good, substantial psychology is condensed in very simple, readable statements. The author has evidently had in mind his audience and has never talked over their head. He is apparently endeavoring to reach the teachers and to give them an idea of the problems they have to meet with in dealing with their young pupils. The reviewer does not know of a single popular work on psychoanalysis where so much material is offered so well in such a small space. The two chapters on the emotional development of the boy and the girl are particularly to be commended, as they point out specifically the differences in the nature of the problems that the boy and the girl have to meet in the course of their development. The publishers tell us that the book has been recommended by the National Council of America and the British Social Hygiene Board. It is easily understandable why the book has received such favorable recommendations. It deserves them.

WHITE.

SEX AND DREAMS. The Language of Dreams, by William Stekel, M.D., of Vienna. Published by Richard G. Badger, Boston, 1922. Pp. 322. Price \$5.00.

The original of this work of Dr. Stekel's was published in 1911 under the title "Die Sprache des Traumes." In the November number of the Journal of Nervous and Mental Disease for 1912 I published the following review of this work:

"This work is unique in the literature of dreams. The well-known Viennese author, from an experience which has included the study of no less than ten thousand dreams, has detailed in this book the results of the analysis of five hundred and ninety-four of this number. It goes without saying, of course, to those who are acquainted with the

technique of dream analysis, that the results only are given except where further elaboration is needed to illustrate some particular point. It could not be otherwise, as even a book of this size could not pretend to do more with such an amount of material, and it is this very great wealth of material that constitutes its chief value.

"The whole plan of the book is a classification of dreams according to what they treat of. There are a few general introductory chapters on the significance of symbolism, on dream distortion, on splitting of the personality in dreams, transformation and bisexuality, and then the following chapters take up a consideration of the significance of certain definite characteristics. These chapters deal with the significance of right and left, living and dying, speech, affects, the meaning of animals, plants, children and relatives, neologisms, and dreams within dreams. There are chapters on rescuing dreams, the different ways in which masturbation may figure in dreams, dreams of teeth, flying dreams, dreams of nurses, of water, fire, and pregnancy, birth and intrauterine dreams, and dreams of children. Then follows a series of chapters on death symbolisms, then crime, resurrection and second death, number symbolism, biographic dreams, the feeling of strangeness, stereotyped dreams, artificial dreams, and telepathic dreams. Towards the end there is a chapter on the first dream in a psychoanalysis, a chapter on dreamy states, hallucinations and hypnagogic visions, and an excellent chapter on the technique of dream analysis.

"From the mere standpoint of empiricism a work that deals with the classified material of approximately six hundred dreams can not be other than very useful. A knowledge of the general ways in which dreams express their meaning, of what, as a rule, certain ways of expression signify must be of inestimable assistance to the psychoanalyst if it is tempered by the knowledge that any particular dream may depart from the general rule, and that the meaning must come from the patient and not be read into the dream by the analyst, facts that the author repeatedly emphasizes.

"Another value of the book is the great amount of correlated evidence gathered from wide sources and largely incorporated in foot-notes. Here if one is disposed to be critical of a given interpretation, one finds the evidences of identical meanings in folk lore, superstitions, current slang, comparative philology and numerous references and quotations, together with examples of literary usages.

"All this material has naturally been gathered in the author's wide experience in the treatment of the psychoneuroses so that in addition to a mere classification of the dream material there is interspersed at frequent intervals comments on the nature of the psychoneuroses, the character of neurotics, the methods of psychoanalysis, and frequent ex-

amples of common experiences in its application—comments that come fresh from the daily life of an active worker in the field.

"Enough has been said to indicate that the book is literally full of suggestions for the active worker. The chapter on the first dream of the psychoanalysis is very suggestive while that on the technic of dream interpretation might well be translated.<sup>1</sup> In this latter chapter he voices the importance of the personal equation of the analyst, the fact that the physician has complexes of his own which may obscure his vision unless he knows how to allow for them and thus produce what he very well calls a 'psychoanalytic scotoma.'

"In view of certain criticisms that have been launched against the Freudian psychology in general and dream interpretation in particular, the chapter on artificial dreams will bear thoughtful perusal. These criticisms have been to the effect that because someone has made up a dream and then taken it to a psychoanalyst for interpretation and the psychoanalyst has attempted to point out some of its meanings that thereby the whole structure of dream interpretation is shown to be a structure wholly artificial and unscientific, easily lead astray, never sure of its ground because based upon fundamentally wrong premises.

"The critic who comes to such conclusions from such evidence fails to see that in launching his criticism he is casting a boomerang and that his criticism in effect is that his own invention, the story that he made up to fool the psychoanalyst, has no meaning. Stekel actually analyses many of these invented phantasies and shows the meanings behind them and indicates that they are quite as useful as real dreams as means of ingress to the mind. The fundamental principle involved has been expressed by the reviewer by saying that any given mental state of an individual can only be what it is because of all that has gone before and no mental state can be fully comprehended without a knowledge of that all. It makes therefore no difference how that state originates, in sleeping or waking, it must have had its efficient causes that lie behind it and psychoanalysis is nothing but the uncovering of those causes. Man dreams not only when he is asleep and if dreams are the royal way to a knowledge of the psychoneuroses it is because they show mental processes in a nascent state that permits of their utilization by a clinical psychology as means for gaining access to and an understanding of the personality.

"Another extremely interesting and suggestive feature of the book is the generalizations which the author arrives at from his material. It is refreshing too to note that these generalizations, whether we may agree with them or not, and whether they follow recognized Freudian formulae or not (and they often do not), are the result of the author's own thinking and not the mere slavish restatement of the views of the master

<sup>1</sup> A translation of this chapter appeared in *THE PSYCHOANALYTIC REVIEW*, Vol. IV, No. 1.

which, however true they may be, has again given material into the hands of the critic.

"These generalizations are all worthy of careful study. He particularly lays stress upon the bipolarity of all psychic phenomena, a viewpoint that is especially interesting now since the formulation by Bleuler of his theory of ambivalency.<sup>2</sup> There follows from this that all sexual symbols are originally bisexual and that all neurotics psychically hermaphroditic, bisexuality playing an important part in their character.

"Quite characteristic is the importance he gives to the idea of death. Every dream, he says, plays with the problem of death—there are no dreams behind which the spirit of death does not stand.

"It is similar with his idea of the importance of criminality. All neurotics, he says, are criminals without the courage to commit crime. Here comes in the great significance of the religious complexes which are the negative of the criminal. All neurotics are repentant sinners and devout penitents. These conclusions go back to the fundamental infantilism of the neurotic. The child is wholly egotistic and is 'universal criminal.' Hate is the primary fundamental emotion. The family is the school of love and through learning to love the original hate is overcome and the altruistic, ethical emotions developed. Incestuous love receives its fixation through the consciousness of guilt and while it helps overcome hate it is itself born of hate. For the cure of a neurosis the knowledge of the 'inner criminal' is unconditionally necessary.

"This progression is interesting, particularly in comparison with the development of the libido as set forth by Freud,<sup>3</sup> beginning with the child as a 'polymorphous perverse' and becoming homosexual, passing through the family stage of love with the possibilities of fixation in narcissism and the final arriving at the normal heterosexual object love.

"Enough of the author's views. It is but fair to state, however, that although he expresses them tersely he is not at all dogmatic. He has the profoundest regard for the possibilities of dream analysis and not the slightest idea that anywhere near all of the problems have been solved. For him the dream is a microcosm: The dream material but leading strings which can be followed back to the very origin of things mental and for a full understanding of a given dream it is often necessary to have a full understanding of the dreamer and all that that means in these days of detailed mental analysis. It will be encouraging to some, who have found the work of dream interpretation tedious to learn that one dream, for instance, was not understood until after sixteen months

<sup>2</sup> Bleuler: *Schizophrenic Negativism*. No. 11 of the *Nervous and Mental Disease Monograph Series*.

<sup>3</sup> Freud: *Three Contributions to the Theory of Sex*. No. 7 of the *Nervous and Mental Disease Monograph Series*.



of study had supplied a sufficient knowledge of the individual to make its interpretation possible.

"In conclusion the reviewer recommends the work as a most valuable contribution to modern psychopathology. The dream is given its proper setting and its due meed of importance as furnishing invaluable material with which to work for the kind of understanding of the patient's mental make-up that makes possible the application of rational psychotherapeutic procedures."

The present work is a translation of the first fourteen chapters of the original which contained forty-eight chapters, and sets forth the analysis of 98 of the 594 dreams reported in the original. It is hoped that the translator and the publishers will have the courage to continue the work.

WHITE.

PHANTOM. By Gerhart Hauptmann. Published by B. W. Huebsch, Inc. New York, 1922. Pp. 224. Price \$1.50.

A psychological novel by a master writer. The story of a lame and otherwise inferior individual, purporting to be written by himself, chopped up into chapters of varying length much after the fashion of a diary, and setting forth the circumstances which led up to a brief career of crime, a six year term of imprisonment, and a final coming out of it all with little more than a feeling as if it were all a bad dream.

The story deals with a young government clerk, plodding along and helping to support his widowed mother. One day he sees the beautiful, golden-haired daughter of a neighboring merchant, and falls deeply in love with her. From that moment he is a changed man. His egotism mounts by leaps and bounds, he writes a few indifferent poems that are rejected, and believes himself to be the coming poet of the century. Money he needs to support this new conception of himself and he arranges with a disreputable associate to defraud his wealthy aunt. He plunges from one excess to another, and in a final effort to rob his aunt he is apprehended as an accessory and serves six years in prison.

The extraordinary effect of his love for the young girl, who by the way he never speaks to, would indicate that she may have stood for an incest object; the result, however, is nothing short of a definite psychosis from which apparently he recovers with defect, for as the story opens we find him married to the young woman who stood by him through all his difficulties and who now keeps a little store, while he sits quietly up-stairs in his room, smoking cheap tobacco and dreaming his life away.

The story is written in a manner that suggests the art of the Russian story tellers. It is a ruthless discovery of the secret motives of an

individual in all their horrid primitiveness bolstered up by the flimsy rationalizations of a self-deluded psychopath. The events move with that fatalistic precision which one sees in the Slavic literature, and the outcome is much more like the outcome in real life than like the happy endings of the average novel. A book of intense dramatic interest.

WHITE.

**COUÉ FOR CHILDREN.** By Gertrude Mayo, with a preface by Emile Coué. Published by Dodd, Mead & Co., New York, 1923. Price \$1.50. Pp. 126.

A delightfully written book, full of wholesome thinking, but unfortunately based upon the psychotherapeutic principles of Coué, which, while they may lead to highly desirable conduct, are scientifically without adequate foundation. (See Letter of Dr. Glueck's in *THE PSYCHOANALYTIC REVIEW* of January 1923.) One closes the book with the feeling of how little is really known about psychotherapy; how little the psychotherapeutic component of all treatment is appreciated; and how at the mercy of the physician the average patient is, without any measuring rod for determining the value of a suggested line of treatment.

WHITE.

**THE FOUNDATIONS OF PERSONALITY.** By Abraham Myerson, M.D. Published by Little, Brown & Co., Boston, 1922. Price \$2.25 net. Pp. 406.

A learned treatise, written by an author who comes to the discussion of his subject with a rich fund of information, a book which the reviewer feels almost guilty at attempting to criticize, yet he feels called upon in that capacity to enter certain strictures against the work as a whole and to call attention to defects of certain parts in particular.

The author is rather surprising in his selection of an illustration (p. 28) where he says "no man can reject such phenomena as telepathy or thought transference, merely because he cannot understand them." Of course such a statement does not convict the author of believing in telepathy and thought transference, but it lays him open to that suspicion, else why the illustration? Again (p. 70) he says "the world for us is a collection of things that we see, hear, smell, taste, and feel." He does not here commit himself to a physiological psychology of five senses, but he leaves himself open to the implication that his point of view of the human machine is limited by the concept of five special senses. He suggests "there may be vast reaches of things for which we have no avenues of approach," but he does not suggest that there are a large number of specialized receptors other than the five that he mentioned.

His comments on Freud are disappointing and show a pretty profound lack of understand of what he has contributed to psychopathological

insight, although he says (p. 98) that "Freud has done the thought of our times a great service in emphasizing conflict." He speaks of his concept of "censor" (p. 48) as "a new name" which "successfully disguises an age-old thought," and he further says that it is not his belief (p. 96) "that dreams are important psychical events, nor that the subconsciousness evades a censor in elaborating them," for he says very naïvely, "suppose that Freud and his school had never been; then dreams would always be useless, for they would have no interpreter." His same shallow understanding of the whole psychoanalytic body of thought is shown again in a footnote (p. 146) where he says "it is a very difficult world to live in, if we are to trust the Freudians. If your boy child loves his mother, that's heterosexual; if he loves his father, that's homosexual; and the love of a girl child for her parents simply reverses the above formula. If your wife says of the baby boy, 'How I love him! He looks just like my father,' be careful; that's a daughter-father complex of a dangerous kind and means the most unhallowed things, and may cause her to have a nervous breakdown some day!" He shows the same lack of understanding of the viewpoint of hedonism when he says (p. 142) "such an explanation, that pleasure is a sign of good for the organism and pain a sign of bad, is an error in that often an experience that produces pleasure is a detriment and an injury."

Chapter 17, wherein the author gives a number of exceedingly interesting case records is to be commended as perhaps the most valuable chapter in the book, but here, as elsewhere throughout the book, the viewpoint of the author suffers because of his very failure noted above to really understand the psychoanalytic contribution. As a result, he keeps all of his speculations and his case histories distinctly at the conscious level. He does not really dip below the surface and the more or less obvious.

As I said above I really feel somewhat guilty in criticizing this very excellent book, for the book to my mind just escapes being a splendid contribution to the subject and could be made that with a little deeper insight on the part of the author, less flippancy regarding the psychoanalytic doctrines, and a little more receptivity and earnestness in trying to understand them.

WHITE.

CONDITIONS OF NERVOUS ANXIETY AND THEIR TREATMENT. By Dr. Wilhelm Stekel. Published by Dodd, Mead & Company, Inc., New York, 1923. Pp. 435. Price \$7.50.

This is an abridgement of the third German edition of Stekel's now well-known work and the first volume of his monumental work "Disturbances of the Impulses and the Emotions." In it he has more

thoroughly documented anxiety than any other author, considering it from every possible point of view, its physical symptomatology and its psychological forms.

In the preface Stekel states how in certain respects he has come to differ from Freud and how this difference has gradually developed into this present edition. In the first edition of the work he differentiated the actual neuroses from the psychoneuroses as Freud does, the former supposedly being caused by actual sexual abuses, the second by psychic disturbances. Stekel has come to the conclusions, finally, that every state of morbid fear is psychically determined; he has been unable to find the neurasthenia of Freud at all; and in every case of actual neurosis he has found a psychic cause, and has come to the conclusion that every neurosis is caused by a psychic conflict. Back of all the physical symptoms of a neurosis he finds a wealth of psychic symptomatology. Especially interesting chapters are those on hypochondria, epilepsy, and the technique of psychotherapy. Epilepsy he considers more frequently than is ordinarily supposed to be a psychogenic disease. The chapter on technique is especially interesting because of the very considerable variety in the manifestation of the transference which he illustrates. Mention should also be made of the chapter on "Anxiety Neurosis in Children."

WHITE.

FOUNDATIONS OF PSYCHOLOGY. By Jared Sparks Moore. Published by the Princeton University Press, Princeton, N. J., 1921. Pp. 239. Price \$3.00.

This is a glorified series of definitions of all the movements in and varieties of psychology. It is divided into three parts: the first portion deals with the Definition of Psychology; the second with the Field of Scientific Psychology; the third with the Postulates of Psychology, and in this last part the Freudian theory of the unconscious is briefly discussed. The book is an admirably condensed running commentary on the various aspects of psychology, and contains as appendices to its various chapters excellent bibliographies.

WHITE.

THE PSYCHIC HEALTH OF JESUS. By Walter E. Bundy, Ph.D., Associate Professor of English Bible in De Pauw University. Published by The Macmillan Company, New York, 1922.

Alarmed at the growing body of psychiatric literature which deals with the psychopathology of Christ, Professor Bundy has seized a literary whip of cords and proceeded to the cleansing of the temple of all pathographers. In doing so, however, he has been eminently fair. He has approached the subject in a spirit, it is true, of some indignation but nevertheless with a determination not to take any unfair advantage

of his opponents. He therefore begins by giving an extremely complete and well summarized history of those writers who have approached the subject of the personality of Jesus with psychological curiosity, especially Renan, von Hartmann and Nietzsche.

In his third chapter Professor Bundy has made available in English various psychiatric estimates of the Christ by such writers as Oscar Holtzmann, Emil Rasmussen, de Loosten and C. Binet-Sanglé. Here the estimates of various men who have classified Christ as an ecstatic, an epileptic, a paranoiac, a constitutional psychopath and a neurotic, are given. In collecting this psychiatric material and presenting it so succinctly, Bundy has conferred a favor upon all students of psychopathology.

The personality of the Christ, as well indeed as that of other Messiahs, is of the greatest interest to modern psychiatrists. Was he a symbolical figure embodying the eternally popular myth of the despised son coming to a very public triumph, or was he an ordinary human being who, by a familiar mental mechanism, came to identify himself with the Son of God? What parts of the more or less conflicting stories of his life can be accepted as actual happenings and what parts are attributed to his character with the psychological appropriateness always found in legend?

The above-named psychiatrists and many more have attacked these problems and have come to conclusions which are at least sufficiently plausible to make the theologians endeavor to refute them. Professor Bundy's chief arguments against the diagnoses are as follows: The biographical incidents quoted in support of the allegation of psychopathy are not necessarily confirmatory and anyway they are probably not true, or are only to be interpreted symbolically.

To the psychiatrist the data bearing on the psychopathy are much more interesting and illuminating than the material offered in rebuttal. The book as a whole has a pleasing ambivalency in that it will appeal to amateur psychiatrists on the one hand and theological students on the other.

LIND.

THE PSYCHOLOGY OF SELF-CONSCIOUSNESS. By Julia Turner, B.A. (London), President of the Psychological Aid Society founded September 26, 1921. New York: Moffat, Yard & Co., 1923. Pp. 243.

This book is an example of the tendencies towards occultism and mysticism seen nowadays. Because Freud has assumed—purely for clinical purposes—the existence of a psychological region which he has called the unconscious, and because he has investigated dreams—a subject hitherto associated with charlatanism and superstition and mysticism—and because he has been successful in founding a new school of psychology, it was perhaps inevitable that he should have drawn along in his

train a heterogeneous group of pseudo-thinkers who have rushed into print—and onto the lecture platform—with all sorts of wild psychology.

Some of these have followed Freud in so far as their intellectual limitations have permitted and have expounded a something which they called popular psychoanalysis. Others, comprehending vaguely that Freud has dealt with the race-preservative instinct and having their own share of repressions, have visioned a nice little psychology of their own wherein the motive force is a soul, a spirit, a "oneness with the infinite," an Unseen Self or Higher Subject.

To this latter school belongs this book. The author starts out as follows: "The most unfortunate errors in psychology have proceeded from not understanding the nature of the difference between animals and man." On page 2 she kindly calls attention to the error of Freud in overlooking the distinction between consciousness and self-consciousness. Animals, she says, are not self-conscious. I wonder if she ever saw a dog with a tin can tied to its tail?

On page 5 we find: "Insanity and criminality are high degrees of disturbance in the self-conscious sphere of our psychology." Simple, isn't it?

Between the unconscious and the fore-conscious she inserts something which she calls pseudo-conscious, which she says is the "period of language insufficiency."

The whole basis of her psychology seems to be a rather infantile optimism, a belief that the human race is striving towards altruism. The conflict, she represents, is between a power-principle and an expiation principle.

The whole book is a splendid example of muddled thinking, couched in nebulous phraseology. The author has taken from Freud, Jung, Adler, and others certain of their doctrines, mixed them together, changed some of their names and then placed them on exhibition, tied up with colored ribbons and viewed through rose glasses.

LIND.

THE UNCONSCIOUS, AN INTRODUCTION TO FREUDIAN PSYCHOLOGY. By I. Levine. Published by The Macmillan Co., New York, 1923. Pp. 215. Price, \$2.50.

Levine's book undertakes to get at the Freudian philosophy by a consideration of the kernel of the whole Freudian system, namely, the unconscious. He devotes some paragraphs to a description of the ideas of the unconscious antedating Freud and then he sets forth Freud's own views, although almost too briefly in places to be understood perhaps, except by those who are somewhat familiar already with their general character, still in a way which is superior to any work with which the reviewer is familiar. Finally he discusses the application of these views in various



other disciplines such as education, crowd psychology, personality, ethics, and philosophy. This latter portion, like the preceding, is very well done, the only criticism being that it is perhaps in places too brief to be altogether clear.

The cover of the book contains the following statement:

"Professor Freud has read the proofs of this book, and has written to the author expressing his complete agreement with the interpretation of his works, remarking that he has seldom met with such a combination of keen intellectual insight and sympathetic exposition as is contained in the pages of this essay."

This statement in the opinion of the reviewer is fully warranted. No better book can be read if one would gather the meaning of the Freudian movement.

WHITE.

AN INTRODUCTION TO PSYCHOLOGY. By Susan S. Brierly, M.A. New York: Dodd, Mead & Co., 1923. Pp. 152. Price, \$2.00.

The beginner in psychology nowadays may take his choice among a number of fascinating schools. He may embrace the orthodox school and renounce Freud and all his works, or he may follow after Thorndike and Watson. The more experienced educators and psychiatrists, and all others who have seen methods come and go, will finally settle upon that school which satisfies most nearly their personal needs, and live happily ever afterwards. But the nonprofessional students, the employer, the educated layman, and others, are not fortified by any particular store of psychological knowledge and are likely to be somewhat bewildered by the profusion of wares exhibited.

To these beginners comes Miss Brierly with her little book. She has done an excellent service. We would advise students of psychology, and especially those starting out *de novo*, to read this book first of all.

A survey of what she has accomplished in her comparatively narrow limits will give some idea of this service.

First, she has outlined the scope and methods of psychology, giving a satisfactory, in brief, résumé of the methods of the experimentalists, the introspectionists, behaviorists, and so on. She has indicated how, from different ways of looking at biological phenomena, different schools have come into existence. Of psychoanalysis she says in one place, "The main contentions of this school have been amply substantiated by the evidence"; and in another, "Considered as research, psychoanalysis is seen to employ all these types of psychological method, and to employ them in such a way that each shall assist the other."

She goes on to discuss the various instincts and their part in character formation. In her remarks on organism and environment, on the significance for the mental life of the wish, and on the problem of the uncon-

scious, she shows herself entirely in sympathy with that modern point of view which interprets humanity not as the variations in records on a brass instrument in a laboratory, but as a compound of emotions built by a billion phylogenetic years and a million ontogenetic influences.

LIND.

**DREADS AND BESETTING FEARS (INCLUDING STATES OF ANXIETY, THEIR CAUSES AND CURE).** By Tom A. Williams, Neurologist to Freedman's Hospital, Washington, D. C. Boston: Little, Brown and Company, 1923. Pp. 217. Cloth, \$1.75.

This book, which is the seventh contribution of the Mind and Health Series, edited by H. Addington Bruce, is composed of the following chapters dealing with the various emotional and instinctive aspects of fear and its effect upon the personality: Early Origins of Dreads; Bashfulness and Kindred States; College Breakdowns; Fear and Stammering; Anxiety States; Occupational Phobias; Fear of Crowds, Open Spaces, etc.; Other Common Phobias; Physical Conditions and Fear; Heredity and Fear; Fear by Induction; The Fascination of Fear; The Utilization and Management of Fear; The Dispelling of Fear.

Each of these topics is profusely illustrated by short accounts of cases treated by the special methods of the author; however, to the modern psychopathologist the explanations of the underlying mechanisms in these cases seem exceedingly superficial and wholly inadequate to account for the morbid reactions. The exponents of analytic psychiatry have repeatedly proven the presence of and are constantly emphasizing the frequency of the erotic craving fixations and distortions in the determination of anxiety or fear states, while Dr. Williams has either entirely ignored these fundamental issues, or at most has assigned to them a very subordinate rôle, apparently satisfying himself with more simple upper levels of interpretation.

While in general the contents of this book are interestingly set forth, and it is well seasoned with wholesome advice, its value will be greatly limited by a misleading overemphasis on simple fright stimuli, and a corresponding underemphasis on the more fundamental and disturbing sex factors.

LEWIS.

**WHAT IS PROFESSIONAL SOCIAL WORK?** By L. A. HALBERT, A.M. Distributed by the Survey, New York City, 1923. Pp. 149.

This small volume, sent out, as the author says, "with the hope that it will advance the profession which stands for intelligence and skill as well as kindness in solving human problems," certainly furthers that purpose by so clearly defining the field of social work, its scope, aims and somewhat of its methods. The success of any profession depends

largely on the type of individual enrolled in its service. In order to attract to its ranks more and more of the many educated young women of to-day seeking a career, the young would-be profession of social work must establish itself on a scientific basis. One thing of primary importance to attain that end is to define what its function is, and what territory it covers. This Mr. Halbert does in a chart at the back of the book, which is really a skeleton of the text. He divided the field of social work into Society as a Whole, the Family, Medicine, Business, Education, Government, Agencies for Religious and Social Life, and the Fine Arts. Each of these he again divides under Case Work, Group Work, and Organization, showing what method is used in analyzing the material under each head.

It is refreshing to see it pointed out that psychiatric social work deals "with all the psychological factors in any case of maladjustment in society." Yet in his analysis of its material and again in other groups where it might be of the greatest assistance he falls short of grasping just what its use can be. He speaks too often of intelligence and morals, and too little or not at all of the emotions and instincts which have so much to do with the way a person uses what intellect he has and what "moral" decisions he makes.

He points out quite rightly in the chapter on psychiatric social work, the necessity of understanding the psychology of the normal as well as the abnormal. But he makes it seem dependent on merely changing a person's ideas and mental attitudes. He does not seem to realize the need of understanding that hidden energy of the individual, the source of all his activities and many of his ideas. In fact, the meaning of this dynamic life of the individual is often so well concealed from even himself that he could not give a proper account of some of the ideas he holds or of his habitual mental attitudes. When, because of a maladjustment, we want to change these, it is necessary to go back of the ideas themselves. That is, to study the direction of the driving force itself from which the ideas get their color, to learn the reason for the apparent twist or misdirection, which causes, blindly, all the person's odd ideas or unusual behavior. Perhaps the failure of so many good resolutions and the inability to respond to proper admonitions, are because the individual is unaware of what in himself prompts these things. The depths must be sounded to alter successfully the surface.

When we look upon people in this way, as struggling more or less blindly towards a greater ability to adjust their inner instinctive cravings to the demands of society, we then cease to use such words as "control" and "correctional." The control, if possible, should be exercised by the individual himself, made possible by enlightenment as to his own nature and sympathetic encouragement in his new attempts. This does not mean, of course, that there are not the unfortunate few, too poor in

endowment or too twisted by circumstance to be able to profit by the methods of analysis and reëducation.

Individual work of this sort is ideal, of course, and may be realized, on a large scale, only in the far future. But until we at least appreciate its value we do not bring its realization any the nearer. All other methods are expedients.

S. F. SCHROEDER.

STUDIES IN PSYCHOANALYSIS. By Charles Baudouin. Translated by Eden and Cedar Paul. Dodd, Mead & Company, New York, N. Y., 1922. Pp. 508.

Day by day and in every way there are getting to be more and more kinds of psychoanalysis and what to do with them is becoming quite a problem. The latest addition to the ranks is psychoanalysis combined with suggestion and this is the thesis which Dr. C. Baudouin has undertaken to defend in his last book, "Studies in Psychoanalysis."

Suggestion, thinks the author, is so widely used in psychoanalysis that it might as well be taken advantage of. It may aid psychoanalysis by helping the patient to revive better his reminiscences and dreams, effect better transfer, but above all to so influence his mind as to make him accept certain ideas suggested by the suggestor; the result of such an acceptance leading to the disappearance of the disturbing symptoms. It is the latter form of suggestion that Baudouin particularly emphasizes and here it is not at all clear just how suggestion is so fruitfully combined with psychoanalysis, for the author is never specific on this point. It seems that he takes the patient's dreams, associations or productions, interprets them in his own way—this is the psychoanalytic part—figures out what is likely to be the trouble with the patient and then orders this trouble and the symptoms to disappear. The suggestor, says the author, suggests the end and because of the "law of subconscious teleology" (formulated by the author), the subconscious, when a certain end has been suggested, will find means for its realization. Later "the details confirmed our interpretation." Baudouin's dream technic is a very smooth one for he finds in them confirmation of his thesis. Thus one patient gave him a dream which ended as follows: "It is impossible to clean this, it must be thoroughly done up." To Baudouin this phrase symbolizes the patient's intimate reaction to the respective methods, for—"to clean" is psychoanalysis: to "do up thoroughly" is suggestion.

While suggestion as advocated above is quite good, Baudouin, offers a better form yet and it consists in the unceasing collaboration between autosuggestion and psychoanalysis. He says that autosuggestion can even be applied in the absence of any director and simply as the outcome of reading a manual, for in the case of autosuggestion it is preëminently true that there is no absolute need for the affective dependence of the

subject upon the operator. To cap the climax, Baudouin encourages auto-psychoanalysis. If the author were not so in earnest this could easily pass as one of the finest bits of humor.

In the hands of the author suggestion works such wonders that he can turn it into good account even in effecting a transfer. Whereas psychoanalysis often encounters formidable difficulties in establishing and properly utilizing an effective transfer, the author meets no such obstacles. It is only necessary, says he, to invite the subject to expect its appearance in a certain form and the odds are that, thanks to the working of suggestion, the expected will happen. Transference thus takes the form, erotic or other—that is—imposed on it by suggestion, and the most essential suggestion in this connection is the analyst's conviction of the form the transference will take. Important, if true.

It would seem a bit ungracious to anatomize further the author's conceptions about psychoanalysis and suggestion. Even from the few quotations given it seems quite clear that in his enthusiasm to effect a combination of the two therapies the author has quite forgotten, or rather ignored, certain fundamental principles in psychoanalysis. One is, that the neurotic symptoms *per se* are of less psychogenic significance than the repressed material which they symbolize and to deal with them only while ignoring the underlying basic states of which they are derivatives, does not bring us nearer to the solution of the problem. It is only by knowing how the symptoms originated and what they stand for—and this knowledge can only be gained through psychoanalysis—that one is enabled to effect a change or a cure; at such times suggestion is unnecessary, for it then becomes possible to reconstruct the patient's thwarted emotional life and to effect a resymbolization at an affective level higher than the one at which the conflict arose. But the most that suggestion can do is to do away with the symptoms while leaving the basic factors untouched. Frequently enough, and this is especially true of the more severe cases, the symptoms reappear, perhaps in a changed form. In any instance, such type of suggestive therapy, by denying the symptoms, flares up anew the conflict that has been somewhat stilled through the symptoms, and this of necessity increases the work of repression which does not aid but actually negatives the work of psychoanalysis. On the other hand, it is doubtful whether Coué and his followers are in a way interested in psychoanalysis. To them suggestion is self-sufficient and all inclusive; why bother then with long and tedious procedures when a much simpler method is at hand? They cure, or think they do—what more is necessary?

Baudouin's conception of mental life is essentially a static one. He sees only the phenomena, but not the processes from which the phenomena are evolved, and the change which he aims to effect is not a psychologic cure and leaves the underlying conflict still unresolved. Such

relief or cure as he gets lasts only as long as the effect induced by the personality of the suggestor lasts and disappears with its disappearance.

There are some redeeming features about the book. With the exception of the chapter on suggestion, the theoretical part is quite good and shows that the author is well read in the analytic literature; and although he departs to some extent from Freud, on the whole he follows him quite closely. The clinical material is also interesting and if read critically, is quite instructive. But it must be read very critically. By no manner of means is this a book for a beginner. A beginner would not understand the theoretical part, while the reading of the cases might mislead him as to what the psychoanalysis of a case is. For not one of these cases is actually analyzed and although cures are claimed, the fundamental complexes are in no instance uncovered. The translation is very good if but the translators were not carried away by a zeal and enthusiasm that is truly worth a better cause. To try to combine psychoanalysis with suggestion is bad enough, but to call this "The Geneva School" and Baudouin the pioneer in the field is a bit too much.

KARPMAN.

PAPERS ON PSYCHO-ANALYSIS. By Ernest Jones, M.D. Third Edition. Published by William Wood and Company, New York, 1923. Pp. 731. Price, \$8.00 net.

This is the third edition of Jones' very popular and useful collection of papers on psychoanalysis. "In the present edition five chapters of the previous one have been omitted and five new ones added, the rest being revised in accordance with the rapidly increasing knowledge of the subject."

The five chapters of the second edition which have been omitted are as follows: Chapter XI: Dream Manipulations of Numbers; Chapter XX: Professor Janet on Psycho-Analysis: A Rejoinder; Chapter XXV: The Mental Characteristics of Chronic Epilepsy; Chapter XXVI: The Inter-Relations of the Biogenetic Psychoses; and Chapter XXXIV: Psycho-Analysis and Education. The chapters which have been added in the third edition are as follows: Chapter IV: Recent Advances in Psycho-Analysis; Chapter XII: Persons in Dreams Disguised as Themselves; Chapter XXI: The Nature of Auto-Suggestion; Chapter XXXIII: Cold, Disease, and Birth; and Chapter XXXVII: Some Problems of Adolescence. Of this latter the first, third and fifth noted are of especial interest. In his chapter on the "Recent Advances in Psycho-Analysis" there is a consideration of much new material which very largely has up to the present writing not found its way into the current literature and yet is of great significance and importance. As the author says in his preface, "Since the date of the last edition (1918) the center of interest in psycho-analytic research has been shifted from the nature of repressed



impulses to the study of the ego itself which stands in contrast with them." His chapter on the "Nature of Auto-Suggestion" is again very timely. The continuous reiteration in the literature that certain results are to be explained by suggestion has become a definite vice of explanation. It seems to be the readiest method of escape from all necessity for real thinking into the problems, for nowhere do we see any explanation of what is really involved in the concept of suggestion, in fact not even a recognition that herein lies a problem which is worthy of study. The chapter on "Some Problems of Adolescence" gives, among other things, a very good account of the factors which decide whether sublimation is going to pursue a satisfactory course, or otherwise.

WHITE.

DISGUISES OF LOVE. Psychoanalytical Sketches. By W. Stekel. Authorized translation by Rosalie Gabler. Published by Moffat, Yard and Co., New York, 1922. Pp. 171. Price, \$2.50.

Another volume of popular essays by the author of *The Beloved Ego* and *Depths of the Soul*. Here are interesting comments on Disguises of the Sex-impulse, The Collector, Fear of the Dentist, The World of Phantasy, The Drawbacks of Hypnotism, On the Choice of a Vocation, and a dozen other equally interesting subjects all set forth in the very engaging style for which the author is famous. Like his other books above mentioned it will give the average reader some idea of what psychoanalysis has to offer in explanations of the problem of everyday life.

WHITE.

PSYCHOANALYSIS AND PSYCHOTHERAPY. Their Technique, Application, Results, Limits, Dangers, and Excuses. By Dr. Wilhelm Stekel. Authorized translation by James S. Van Teslaar. London: Kegan Paul, Trench, Trubner & Co., Ltd., and New York: Moffat, Yard & Co., 1923. Pp. 155. Price, \$2.50.

This delightfully written and entertaining little book has much to recommend it. Aside from the fact that the reader gets an idea that psychoanalysis is a much more simple matter than it really is, and this is true of all of Stekel's offerings, there are many discussions that are very well worth while. Those that strike the reviewer as of particular usefulness are the discussion of suggestion wherein the author is not content with the mere word but is at some pains to inquire into the meaning of the phenomena: and the discussion of the ultimate results of psychoanalysis wherein are cleared up many points and it is shown how any statistical statement of cures and failures must be misleading. The discussion of the resistance and the transfer are also commended for their wholesome suggestiveness. The reasonableness of the optimism of the author in his belief in the curability of homosexuality is, of course, open to question;

his description of the treatment as a struggle between patient and physician is very helpful; his emphasis on the need for shortening the treatment is timely; his suggestion that the cure of the paranoiac patient reported by Bjerre might have been largely made possible by the death of his father is incisive and illuminating; and his discussion of post-analytic repression is explanatory of certain types of failures by relapse. Stekel believes in a thorough preparation in neurology and psychiatry as a condition precedent for practicing psychoanalysis. An index would materially improve the book by increasing its usefulness.

WHITE.

THE UNADJUSTED GIRL. With Cases and Standpoint for Behavior Analysis. By William I. Thomas. Foreword by Mrs. W. F. Dummer. (Criminal Science Monograph No. 4. Supplement to the Journal of the American Institute of Criminal Law and Criminology.) Boston: Little, Brown & Co., 1923. Pp. 261. Price, \$3.00.

In the title of this book we see a sign-post on the road of humanistic progress. Twenty years ago it might have been called "The Woman Criminal"; ten years ago it would have been "The Female Delinquent"; now it is "The Unadjusted Girl."

The book is, like so many studies of behavior problems have necessarily become, a collection of case histories, with illuminating comments. Mr. Thomas has for years been familiar through study at first hand with the problem of the immigrant, and in this book are found many instances of illiterate foreign girls, thrust into a strange, hostile community to sink or swim, who were forced to the street level through circumstances.

Thomas' first chapter is devoted to a consideration of the several desires which impel human activity. He distinguishes desire for experience, for adventure, for work, and for security. In his second chapter on the regulation of the wishes, he holds that there is, before any action, a "stage of examination and deliberation which we may call *the definition of the situation*" (p. 42). His conception of conscious action is then a voluntary choice, a weighing of the various possibilities and a willing "to do this or that." This is, of course, in accord with the assigning of different parts of the mind or brain to different functions; the old faculty psychology.

The remainder of the book is devoted to histories of girls who have gone wrong, as the saying is. These histories are depressingly similar. A squalid home with no ethical training, a glimpse of the glitter of a tawdry night-life, the incidental and often casual loss of virginity, and the natural drifting into sexual vagabondage as the easiest way to survive.

The book closes with chapters on social influence and social agencies. These are necessarily only sketchy, although there are many indications of the ways in which these problems may be approached. Unfortunately

many very interesting and suggestive histories are quoted only very briefly and we are at a loss to know the motives of the behavior cited.

Not the least interesting feature of the book is the foreword by Mrs. W. F. Dummer. Mrs. Dummer has been personally responsible for much of the welfare work which has been done in this country, notably the establishment of the Chicago Juvenile Court. An especially valuable point which Mrs. Dummer emphasizes in her introduction is the sublimation of sex energy. Instead of standing aghast before some of the assumed corollaries of Freud's theories, she points out how valuable his ideas are. She shows how infantile fixations and emotional conflicts tend to cause emphasis of purely physical manifestations of sex with their resultant social disturbances, and how a study of the personality can indicate socially useful sublimations. Her remarks on the problems of prostitution, promiscuity, divorce, and illegitimacy are notable for their breadth of view and sound judgment.

LIND.

THE PSYCHOLOGY OF LAUGHTER AND COMEDY. By J. Y. T. Greig, M.A. New York: Dodd, Mead & Co., 1923. Pp. 304. \$4.00.

The scientific mind is eager to understand intellectually the anatomy and physiology of a universal phenomenon; the artistic mind, brought into contact with it, is restless until it has some sort of an emotional appreciation of it. Hence humor, and its consanguinous ideas, laughter, wit, comedy, and so on, has always intrigued alike philosopher and poet. The sense of humor is by general understanding assumed to be such a meritorious quality that one can more safely accuse his friend of mendacity than lack of humor; and yet babies of a few months undoubtedly show it, and we are driven sometimes to admit its existence in infra-human primates. Contemplating only its bright side, we speak of it in the same breath with happiness and joy and all the kindlier emotions and then by chance we get a glimpse of the reverse, the leaden side, we hear echoes from that most terrible form of humor, sardonic humor:

"Like a man's laughter heard in hell,  
Deep down, Faustine!"

Then, piqued by the deceptively simple-appearing character of the phenomenon and anxious to explain its protean forms, philosopher and poet begin to fashion theories. These are legion; Mr. Greig's book gives a bibliography of 363 references, and these by no means exhaust the list.

Greig's own theory is, briefly, as follows: Laughter is one of the manifestations of love behavior. Thus, in young children, smiles and laughter are elicited only when there is another person present. One cannot tickle oneself. Laughter may represent an interruption of the love behavior and hence express displeasure. It can only be regarded as contributory when it is deliberately used by the laugher.

Greig shows an unexpected sympathy with Freud's theory of wit, but limits its application to the purely sexual form of humor. He also makes a rather artificial distinction between the obscene and the indecent. Thus he says that "a joke is obscene which calls attention to any part of the directly sexual process which is not usually spoken of, and a joke is indecent which calls attention to an excretory process which is not usually spoken of" (p. 80).

Like so many intellectual persons nowadays, Greig is able to understand Freud's reasoning and accept his point of view, but emotionally he shies away from the implications. He says:

"Although for my own part I am prepared to accept in the main the 'cloacal theory' developed by Freud and his followers, according to which, for the young child, sexual functions, urination and defecation are all inextricably jumbled in the notion of a common cloaca, it is not necessary for our present purposes to commit ourselves to this view" (p. 105).

He sees in wit the essential characteristics which produce laughter, that is, love behavior interrupted, or hate behavior restrained, and thinks the only special feature which it has is its brevity. "Wit is a rapid, outline reproduction in words of a laughable situation. What distinguishes it from other forms of cosmic writing is its brevity, its speed" (p. 221).

In short, Mr. Greig attempts a genetic study of laughter, sufficiently comprehensive to include the laughter of infants and the intellectual amusement of the sophisticated adult. The common factor, he finds, is the personal element. This suggests to him that it is a response within the instinct of love. Let us trace his reasoning further:

"Love is primary, hate is a secondary development out of it; and laughter passes over from the one to the other. Yet it never gains that security within the secondary behavior that it has within the primary, and occurs in a mood of hate only when that mood is equivocal, ambivalent, restrained by a counter force of love" (p. 223).

But, instead of accepting the dictum that the personal element must enter into the situation, let us rather consider an energetic concept. The infant, deriving most of his activities from outside forces, personified by mother, nurse, and so on, is accustomed to look upon these manifestations of energy as necessarily emanating from persons. Later, he readily accepts fairy tales which people the world about him with minute or invisible spirits who are capable of magic intervention, and still later he sees the universe and all its movements actuated by an anthropological deity.

But no one who has made a crib-side study of infants should insist on the necessarily personal element in their laughter. The sudden alternation of light and shade, the flapping of a window curtain, the fitful move-

ments of a fallen leaf, all these may be stimuli. It is only necessary that there should be the suggestion of energy which is then interrupted, distorted or accelerated. This display of energy stimulates a psychic tension in the child which when released finds its vent in laughter.

A very valuable part of Mr. Greig's book is an appendix where he summarizes the theories of laughter of philosophers, poets, critics, and psychologists from Plato to Max Eastman. He gives the gist of an even hundred of these. The most important are those of Plato, Aristotle, Hazlitt, Hobbes, Schopenhauer, Herbert Spencer, Meredith, Lipps, Bergson and Freud.

LIND.

ABNORMAL BEHAVIOR. PITFALLS OF OUR MINDS. An Introduction to the Study of Abnormal and Anti-Social Behavior. By Irving J. Sands, M.D., and Phyllis Blanchard, Ph.D. New York: Moffat, Yard & Co., 1923. Pp. 482. Price, \$4.00.

This book represents another attempt to perform a service which is nowadays felt to be an urgent one, that is, to portray and explain some of the forces which make for social maladjustment. The same attempt, in a somewhat different manner, was made recently by Dr. Southard in his posthumous work, "The Kingdom of Evil." It seems to be felt instinctively by workers in the field of social psychiatry that the case-history method of presentation is the most valuable, and this is the one followed in this book.

The chapter titles are attractive: "The Instinctive and Emotional Bases of Behavior," "Emotional Conflicts in the Causation of Conduct Disorders," "The Relation of Personality Types to Behavior," "The Unbiological Behavior of the Suicide," all these, and others, state subjects well worthy of being thoroughly treated. Unfortunately, the writers do not deal with them adequately, as a rule.

Chapter I is a résumé of the psychological explanation of behavior, which is very good, in brief, giving space to the orthodox viewpoint and due credit to the work of Watson, Freud, and Adler. The chapters immediately succeeding are not so satisfactory. In Chapter VI an effort is made to cover the whole subject of mental disease; the result is a compendium of 62 pages, dealing with dementia precox, the manic-depressive psychoses, involutional melancholia, paranoia, arteriosclerotic and senile psychoses, general paresis and cerebrospinal syphilis, various toxic psychoses, epilepsy and feeble-mindedness. Twenty-six cases are reported in some detail to illustrate these psychoses. Naturally the result is unsatisfactory. It simply cannot be done.

The chapter on drug addiction leaves much to be desired. This subject looms large before the public eye just at present, and there is a great field for perspicacious literature on the subject. Much that has been

written, even by alleged experts, is misleading. In their chapter the authors make many statements about which there is considerable difference of opinion, to say the least. *E.g.*, "Whenever an individual uses it a few times, he becomes addicted to it" (page 293). "Two or three doses are sufficient to establish the habit" (page 295). "It is a very common observation that they (drug addicts) will beg for a cigarette with the same fervor as they do for their drugs" (page 298). "There is no real authentic (sic) case reported in medical literature where death resulted from sudden withdrawal of the drug from the patient" (page 299). "Most of the suffering (from deprivation) is imaginary rather than real" (page 303). "Approximately 95 per cent of all addicts use heroin" (page 309).

The chapter on suicide is especially disappointing. A number of tables are quoted showing the ages, sex, method of suicide, time of year, and so on, but there is no illumination of the suicide problem.

In short, the book is a disappointment. The authors are earnest and capable workers in their field. Dr. Blanchard's "The Adolescent Girl" was excellent. Her contribution to "Taboo and Genetics" (reviewed in *THE PSYCHOANALYTIC REVIEW*, Vol. VIII, No. 3, page 342) was extremely interesting. The plan of the present book is well drawn up, but the execution has fallen far short.

LIND.

OUTLINE OF PSYCHOLOGY. By William McDougall, Professor of Psychology in Harvard University. New York: Charles Scribner's Sons, 1923. Pp. 456. Price, \$2.50.

It is interesting to observe how the really modern psychologists are getting away from the old orthodox psychology, formal in its methods, sterile in its applications. They are groping about for a *tertium quid*, an animus, something that makes the wheels go around. Woodworth calls it a drive; Watson, a conditioned reflex; McDougall, an instinct; and Freud, the libido.

In his present book Professor McDougall has given the scientific world an excellent idea of where he stands. He is securely entrenched for the most part in orthodox psychology, but he is groping out towards some understanding of the emotions; his mind is a little befogged by something which he calls mental telepathy, and in his soul there is a dim idea of God.

Behaviorism is anathema to him, and in his Preface he takes a shot at it: "Recently it (mechanistic psychology) has begotten upon physiology a most misshapen and beggarly dwarf, namely, behaviorism, which just now is rampant in this country." This outburst has evoked its natural reaction, and in the columns of the *New Republic* John B. Watson has given him a retort discourteous.



With these disputes we have nothing to do, however. Let us investigate the mainsprings of McDougall's psychology. They are to be found in Chapter V, "The Instincts of Mammals and of Man." Here he says:

"The cases of canine and human behavior we have imagined illustrates a very important fact, namely, that a common sense identifies emotions with motives. Common sense when it has named correctly the emotion dominant during any man's action, holds that it has explained the action, made it intelligible in general terms" (p. 125).

If common sense holds that, then it is entirely inadequate to deal with ordinary psychological facts, much less psychopathological ones. Suppose, for example, a man recoils from some particular color, and even is nauseated to the extent of vomiting, we can name correctly the emotion involved as disgust. But has common sense made it intelligible? To the contrary, common sense tells us that we have made no progress whatever in understanding the man's action in vomiting. But McDougall goes blithely on:

"It is a principal feature of this book that, in this all-important matter of the explanation and understanding of human behavior or conduct, it holds 'common sense' to be in the right; and it holds many of the psychologies and philosophies of the past to be in the wrong, because they have rejected the common-sense procedure and offered in its place a variety of fantastic theories."

A fantastic theory is one of which McDougall does not approve. I do not know, for one, just what common sense is. I take it, however, to mean a standard applied by the ordinary, uninspired worker in any field by which he accepts and approves of all easily understood ideas, all simple explanations, all obvious things. Some of these fantastic theories, according to the author, are the theory of conditioned reflexes, the theory of ideas, the pleasure-pain theory, the theory of Will and of Reason, and the theory of the Unconscious. "All these," he says, "are interesting exhibits in the museum of psychological antiquities and curiosities."

The main instincts which McDougall recognizes are the parental, the combative, the instinct of curiosity, the food-seeking, the instinct of repulsion, of escape, the gregarious, the self-assertive, the submissive, the mating, the acquisitive, the constructive, and the instinct of appeal. He also mentions several minor instincts, among which he puts laughter.

McDougall felicitates himself especially because he has separated the parental from the pairing instinct. In fact, he says:

"I can see no slightest justification for the confounding of the parental with the pairing instinct which is one of the foundation dogmas of the Freudian psychology. If I am right in regarding these two instincts as separate and distinct units of our constitution, at least half of what has been written by the Freudians falls to the ground." (Footnote, p. 137.)

But do the Freudians confuse the parental with the pairing instincts? I believe not. The trouble with McDougall is exactly the complaint which affects so many of the anti-Freudians. They base their criticism of psychoanalysis in whole or in part on one or more of three things: 1. Early errors of Freud and his followers, since corrected. 2. Misstatements of the principles of psychoanalysis by ardent but misinformed laymen or prejudiced critics. 3. Eccentric variations from, and overstatements of Freudian doctrines by his dissenters as well as his too-enthusiastic followers.

We should recommend him to read: "Fatherhood and Narcissism" in the *Internationale Zeitschrift für Aerztliche Psychoanalyse*, Vol. III, No. 6, 1915. (Abstracted in the *PSYCHOANALYTIC REVIEW*, Vol. X, No. 1, January, 1923, p. 99.) In this he will find the distinction truly drawn, and perhaps will concede that for the time being at least psychoanalysis does not fall to the ground. McDougall, however, does not show the same absolute rejection of psychoanalysis that the ordinary orthodox psychologist Woodworth, *e.g.*, does. Thus he says that "Professor Freud has rendered great services to psychology" (p. 432).

What these services are he promises to show in a projected volume on psychopathology. To this Freud and his followers will look forward, confidently expecting that many hitherto obscure problems will be illuminated for them.

LIND.

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